

MEDICAL SERVICE SPECIALTY

This change is effective with class starting 980901 and changes CFETP 4N0XX (May 1997) as follows:

1. Write-in changes. Make the following pen & ink changes in each member's CFETP:

Page	Paragraph	Action
24	"Note" at top of page	Add "at a clinical hyperbaric facility" at the end of the sentence
39	Item 1.f.(3)	Delete
40	Item 3.e.	Change 5 level and 7 level codes to "-"
44	Item 7.a.(3)	Change 7 level code to "b"
44	Item 7.a.(4)	Change 5 level and 7 level codes to "-"
49	Item 10.k.(4)(a)	Change 7 level code to "-"
51	Item 11.a.(1)	Change 3, 5, and 7 level codes to "a", "b", and "c", respectively.
51	Item 11.c.(2)	Delete
53	Item 11.g.(5)	Add the number "2" in column 4D (QTP)
57	Item 12.d.(6)(l)	Delete the "C" in column 2 (core task)
58	Item 12.d.(9)(c)	Change item to read: "Apply sling and swathe"
85	Item 19.n.(4)	Change item to read: "Initiate emergency cardiac care"

2. Page replacements. Draw a diagonal line through each of the following pages in the current CFETP. Refer to the appropriate replacement page in place of each deleted page. Changes are marked with an arrow (>).

5	6	7	8	13	14	17	18	20	25	26	27	28	29	30	31	32
35	36	37	41	42	43	45	46	48	50	56	59	60	61	62	63	64*
78	87	90	99	100	101	102	103	104	107	108	109	111	112	115	117	121
122	123	124	125	126	127											

*Note: New pages 64.1 and 64.2 are included with this change.

3. Final action. After necessary action, file this change in back of the entire CFETP. Transcribe all documentation from replaced STS pages onto the appropriate replacement pages.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

CHARLES H. ROADMAN II
Lieutenant General, USAF, MC
Surgeon General

59 attachments

(57 replacement pages plus 2 new pages)

ABBREVIATIONS/TERMS EXPLAINED

Advanced Training (AT). A formal course designed to train selected career airmen at the advanced level of an AFS for a technical or supervisor-level AFS.

Air Force Career Field Manager (AFCFM). Responsible for the development, implementation, and maintenance of the CFETP, among other responsibilities, within an AFS.

Air Force Job Qualification Standard/Common Job Qualification Standard (AFJQS/CJQS). A comprehensive task list which describes a particular job type or duty position. The listings are used by supervisors to document task qualifications. The tasks on the AFJQS/CJQS are common to all persons serving in the described duty position.

>Air Reserve Component (ARC). Air Force Reserve Command (AFRC) and Air National Guard (ANG) components and their members.

Career Development Course (CDC). A published training course designed to provide the information necessary to satisfy the career knowledge requirements for a particular skill level of a specialty.

Career Field Education and Training Plan (CFETP). A comprehensive, multipurpose document encapsulating the entire spectrum of education and training for a career field. It outlines a logical growth plan that includes training resources and is designed to make career field training identifiable, to eliminate duplication, and to ensure this training is budget defensible.

Certification. A formal indication of an individual's ability to perform a task to required standards.

Certification Official. A properly trained person whom the commander assigns to determine an individual's ability to perform a task to required standards.

Continuation Training. Additional training exceeding requirements with emphasis on present or future duty assignments.

Core Task. Tasks that AFCFMs identify as minimum qualification requirements within an AFSC.

Course Objective List (COL). A publication, derived from initial/advanced skills course training standards, identifying the task knowledge requirements and respective standards provided to achieve a specific skill level in this career field. Supervisors use the COL to conduct graduate evaluations in accordance with AFI 36-2201, Developing, Managing, and Conducting Training.

Distance Learning. Training that is conducted where the instructor and student are geographically separated. Some examples of distance learning are Career Development Courses (CDCs), Read Ahead Modules (RAMs), and exportable courses.

Go/No Go. In OJT, the stage at which an individual has gained enough skill, knowledge, and experience to perform the tasks without supervision.

Initial Skills Training. A formal resident training course which results in award of a 3-skill level AFSC.

Instructional System Development (ISD). A deliberate and orderly, but flexible, process for planning, developing, implementing, and managing instructional systems. ISD ensures personnel are taught, in a cost efficient way, the knowledge, skills, and attitudes essential for successful job performance.

Major Command (MAJCOM) Medical Service Functional Manager. A person appointed as the senior representative for an AFS within a specific MAJCOM. Among other responsibilities, MAJCOM Functional Managers work with the AFCFM to develop, implement, and maintain the CFETP.

Medical Treatment Facility (MTF). Any USAF facility (area medical center, regional hospital, clinic, or other medical unit) that provides health care to active duty members and their dependents, or retired military members and their dependents. MTFs are also locations where patient care training is conducted.

>Mirror Force. Maximizing the mission readiness capability of the Air Force Medical Service through a combined effort of Active Duty, Reserve, and Air National Guard members by (1) sharing values and principals, (2) optimizing a total force strategy, (3) using technology effectively and efficiently, (4) training for joint taskings, and (5) creating a dynamic environment which maximizes everyone's potential.

Occupational Survey Report (OSR). A detailed report showing the results of an occupational survey of tasks performed within a particular AFS.

On-the-Job Training (OJT). Hands-on, over-the-shoulder training conducted to certify personnel in both upgrade (skill level award) and job qualification (duty position certification) training.

Optimal Training. The ideal combination of training settings resulting in the highest levels of proficiency on specified performance requirements within the minimum time possible.

Phase II Training. Formerly called clinical training, this type of training is a continuation of a formal resident course that provides airmen with realistic hands-on experience before beginning on-the-job training at the permanent duty location.

>Position Qualification Training. Knowledge required and actual hands-on task performance-based training designed to qualify an airman in a specific duty position. This training program occurs both during and after the upgrade training process. It is designed to provide the performance skills training required to do the job.

Qualification Training Package (QTP). An instructional checklist designed for use at the unit by supervisors and trainers to qualify or aid qualification in a duty position, on a piece of equipment, or on a performance item identified for competency verification within this CFETP. QTPs establish performance standards and are designed to standardize skills verification and validation of task competency. Tasks that have a QTP requirement are identified in the STS in column 4.D. A complete listing of all available QTPs is included in Part II, Section C. QTPs identified by supervisors as applicable to duties performed in an individual's duty position are mandatory for use.

Read Ahead Module (RAM). A type of training used as a prerequisite requirement before actual attendance in a formal resident training course. When a RAM is required, supervisors are responsible to ensure all RAM requirements are met before subordinates attend formal resident training.

Resource Constraints. Resource deficiencies, such as money, facilities, time, manpower, and equipment, that preclude desired training from being delivered.

Scope of Practice. The extent or range of subject knowledge, task knowledge, and task performance that Medical Service Specialty personnel apply in the performance of duty at the 3, 5, and 7 skill levels.

Specialty Training. A mix of formal training (technical school) and informal training (on-the-job) to qualify and upgrade airmen in each skill level of a specialty.

Specialty Training Standard (STS). An Air Force publication that describes an Air Force Specialty in terms of tasks and knowledge which an airman in that specialty may be expected to perform or to know on the job. It further serves as a contract between Air Education and Training Command and the functional user to show which of the overall training requirements for an Air Force Specialty code are taught in formal schools and correspondence courses. It also specifies the level of proficiency that the individual is trained to in each formal course. A chart that explains qualitative requirements accompanies the STS to assist course developers and field supervisors in determining the actual definition of each level of prescribed proficiency.

Standard. A fixed quantity or quality.

>Sustainment Training. Regular and recurring training necessary to maintain the skills of a fully qualified individual to adequately perform the mission and related duties required by his/her job position in peacetime and wartime.

Task Certifier. (See Certification Official).

Total Force. All collective Air Force components (Active, Reserve, Guard, and civilian elements of the United States Air Force).

Trainer. A trained and qualified individual who teaches airmen to perform specific tasks on-the-job. The term is also used in reference to some equipment that is used to teach specific tasks.

Training Capability. The ability of a unit or base to provide training. Authorities consider the availability of resources (such as equipment, reference materials, qualified trainers, etc.) when determining a unit's training capability.

Training Impact Decision System (TIDES). A computer-based decision support technology that can be used to assist Career Field Managers in making critical judgments relevant to what training should be provided to personnel within the career field, when the training should be conducted (at what career points), and where training should be conducted (training setting). TIDES also provides a template for use in the actual development of a CFETP.

Training Requirements Analysis. A detailed analysis of tasks for a particular AFS to be included in the training decision process.

Training Setting. The type of forum in which training is provided (formal resident school, on-the-job, field training, mobile team training, distance learning, etc.).

Upgrade Training (UGT). Training that leads to the award of a higher skill level in an Air Force Specialty.

>Utilization and Training Workshop (U&TW). A forum led by the Career Field Manager that incorporates the expertise of MAJCOM Medical Service Functional Managers, subject matter experts (SMEs), and AETC training personnel to determine career ladder training requirements.

>**Wartime Course Task (W).** STS items taught during the resident (3 level) wartime course. This course is only activated in time of war. The purpose is to train new 4N031 personnel on items deemed absolutely essential in order to facilitate moving new personnel to the field as quickly as possible during a wartime situation.

training. Conducts or schedules periodic disaster training, fire drills, and evacuation procedures.

2. Skill/Career Progression. It is essential that everyone involved in training do their part to plan, develop, manage, conduct, and evaluate an effective training program. The guidance provided in this part of the CFETP will ensure individuals receive viable training at the appropriate points in their career. The following narrative and the AFSC 4N0X1 career field flow charts identify the training career path. It defines the training required in an individual's career.

2.1. Apprentice Level (3). Initial skills training in this specialty consists of the tasks and knowledge training provided in the 3 skill level resident course (J3AQR4N031 003) conducted at Sheppard AFB, Texas. Successful completion and award of the National Registry of Emergency Medical Technicians Basic (NREMT-B) certification is mandatory. Upon graduation from the resident course, students will attend the 3 skill level Phase II course (J3ABO4N031 003) located at one of the Phase II training facilities. Individuals must successfully complete both the resident and Phase II courses to be awarded AFSC 4N031.

>2.2. Journeyman Level (5). Upgrade training to the 5 skill level in this specialty consists of completing (1) CDC 4N051A and CDC 4N051B, (2) all STS core tasks (including core task QTPs), and (3) at least 15 months in upgrade training (6 months for retrainees) after completion of the 3 month apprenticeship period. Continuation training is available and should be used based on the individual's particular training needs. To assume the grade of SSgt, individuals must be graduates of the Airman Leadership School. Current minimum certification as an NREMT-B is mandatory.

2.3. Craftsman Level (7). Upgrade training to the 7 skill level in this specialty consists of (1) completing all STS core tasks (including core task QTPs), (2) successful completion of the 7 level RAM and resident technical school courses, and (3) 18 months time in upgrade training (12 months for retrainees). Requirements to attend the 7 level resident course are (1) 12 months time in upgrade training (6 months for retrainees), (2) completion of all prerequisites, and (3) SSgt (sew-on). Continuation training is available and should be used based on the individual's particular training needs. To assume the grade of MSgt, individuals must be graduates of the NCO Academy. Current minimum certification as an NREMT-B is mandatory.

>2.4. Superintendent Level (9). To be awarded AFSC 4N091, an individual must be a SMSgt (sew-on), complete the Senior NCO Academy (resident or correspondence course; active duty only), and any other requirement specified in AFMAN 36-2108, Airman Classification. Current minimum certification as an NREMT-B is mandatory when required by the duty position.

2.5. Chief Enlisted Manager Level (0). AFSC/CEM code 4N000 awarded upon selection for promotion to CMSgt.

3. Training Decisions. This CFETP uses a building block approach (simple-to-complex) to encompass the entire spectrum of life-cycle training requirements for the Medical Service Specialty. The spectrum includes a strategy for when, where, and how to meet the training requirements. The strategy must be apparent and affordable to reduce duplication of training and eliminate a disjointed approach to training. Decisions were made as to the content of the CFETP as explained in the preface to this document.

3.1. Initial Skills Training. Initial skills course content (3 skill level) was revised to provide training needed to prepare graduates for Medical Service Specialty positions.

>3.2. Upgrade Training. The current Career Development Courses (CDCs) used for Journeyman training in this specialty are CDC 4N051A and CDC 4N051B. These CDCs are currently under revision. Upon completion, the new CDCs will be available in both paper-based and CD ROM format.

3.3. Core tasks and other requirements for 5 and 7 skill levels were established.

3.4. Qualification Training Packages (QTPs). QTPs have been developed to standardize qualification/training for the Medical Service Specialty. QTPs were developed by the 882d Training Group and reviewed by the MAJCOMs to support Medical Service Specialty duty positions. QTPs are mandatory for use by all active duty, Air Force Reserve, and Air National Guard 4N0X1 personnel when identified as a task performed in the individual's duty section. Duty position-related QTPs must be accomplished annually unless specified otherwise in this CFETP. QTPs are indexed in AFIND 8, as is the CFETP.

4. Community College of the Air Force (CCAF).

4.1. Enrollment in CCAF occurs upon completion of basic military training. Off-duty education is a personal choice, but highly encouraged.

4.2. CCAF provides the opportunity to obtain an Associates in Allied Health Sciences Degree as follows:

4.2.1. The skilled (5) level must be held at the time of program completion.

4.2.2. Degree requirements:

<i>Subject</i>	<i>Semester Hours</i>
Technical Education	24
Leadership, Management, and Military Studies	6
Physical Education	4
General Education	15
Program Elective (Technical Education; Leadership, Management, and Military Studies; or General Education)	15
Total Requirement:	64

4.2.2.1. Technical Education (24 Semester Hours). A minimum of 12 semester hours of Technical Core subjects/courses must be applied and the remaining semester hours applied from Technical Core/Technical Elective subjects/courses. Requests to substitute subjects/courses must be approved in advance by the Services Branch. Technical education may be obtained as follows:

MEDICAL SERVICE SPECIALTY 4N0XX TRAINING AND CAREER PROGRESSION/BROADENING

NOTE: This chart shows the MINIMUM rank eligible for each training and career progression/broadening area.

TRAINING AND CAREER PROGRESSION/BROADENING	AB/ AMN/ AIC	SRA	SSG	TSG	MSG	SMS	CMS
3 Skill Level Training	X						
Medical Service Apprentice skill level award	X						
5 Skill Level Training	X						
>Medical Service Journeyman skill level award	X						
7 Skill Level Training		X					
Medical Service Craftsman skill level award			X				
Superintendent (9 level)						X	
Chief Enlisted Manager (CEM)							X
Airman Leadership School (ALS)		X					
Noncommissioned Officer Academy (NCOA)				X			
Senior NCOA (SNCOA)					X		
4N0X1A (Allergy/Immunization Technician)		X					
4N0X1B (Neurology Technician)		X					
>SEI 486 (Hemodialysis Medical Technician)	X						
SEI 490 (Hyperbaric Medical Technician)		X					
>SEI 494 (Aeromedical Evacuation Technician)	X						
SEI 496 (Independent Duty Medical Technician)			X				
Specialty Instructor		X					
>MAJCOM SG Staff					X		
Recruiter			X				
Military Training Instructor		X					
PME Instructor		X					
First Sergeant					X		
Senior Enlisted Advisor							X
>Group Superintendent						X	
Lead Agent							X
>MAJCOM Medical Service Manager							X*
Career Field Manager							X
Off Duty Education	X						

* Varies depending on MAJCOM SG requirement.

Figure 5-1

EDUCATION AND TRAINING REQUIREMENTS

BASIC MILITARY TRAINING SCHOOL

APPRENTICE TECHNICAL SCHOOL (3 SKILL LEVEL)

UPGRADE TO JOURNEYMAN (5 SKILL LEVEL)

- 3 MONTHS DUTY POSITION/APPRENTICE EXPERIENCE REQUIRED BEFORE ENTERING JOURNEYMAN TRAINING
- >MINIMUM 15 MONTHS UPGRADE TRAINING (6 MONTHS FOR RETRAINEES)
- COMPLETE APPROPRIATE CDCs
- MAINTAIN CURRENT NREMT-B CERTIFICATION

AIRMAN LEADERSHIP SCHOOL (ALS)

- MUST BE A SRA WITH 48 MONTHS TIME IN SERVICE OR BE A SSGT SELECTEE
- RESIDENT GRADUATION IS A PREREQUISITE FOR SSGT SEW-ON *

UPGRADE TO CRAFTSMAN (7 SKILL LEVEL)

- MINIMUM RANK OF SSGT (SEW-ON)
- 18 MONTHS TIME IN UPGRADE TRAINING (12 MONTHS FOR RETRAINEES)
- FORMAL ADVANCED SKILL TRAINING
- SUCCESSFUL COMPLETION OF 7 LEVEL READ AHEAD MODULE (RAM) AND RESIDENT COURSE
- MUST BE 7 LEVEL TO SEW-ON TSGT
- MAINTAIN CURRENT NREMT-B CERTIFICATION

NONCOMMISSIONED OFFICER ACADEMY (NCOA)

- MUST BE A TSGT OR TSGT SELECTEE *
- RESIDENT GRADUATION IS A PREREQUISITE FOR MSGT SEW-ON

USAF SENIOR NCO ACADEMY (SNCOA)

- MUST BE A MSGT OR ABOVE *
- RESIDENT GRADUATION IS A PREREQUISITE FOR CMSGT SEW-ON

UPGRADE TO SUPERINTENDENT (9 SKILL LEVEL)

- >MINIMUM RANK OF SMSGT (SEW-ON)
- >MUST BE A SNCOA GRADUATE (RESIDENT OR CORRESPONDENCE COURSE)*

OJT TRAINER

- MUST BE OFFICIALLY APPOINTED AND CERTIFIED
- MUST ATTEND FORMAL OJT TRAINER COURSE

OJT CERTIFIER

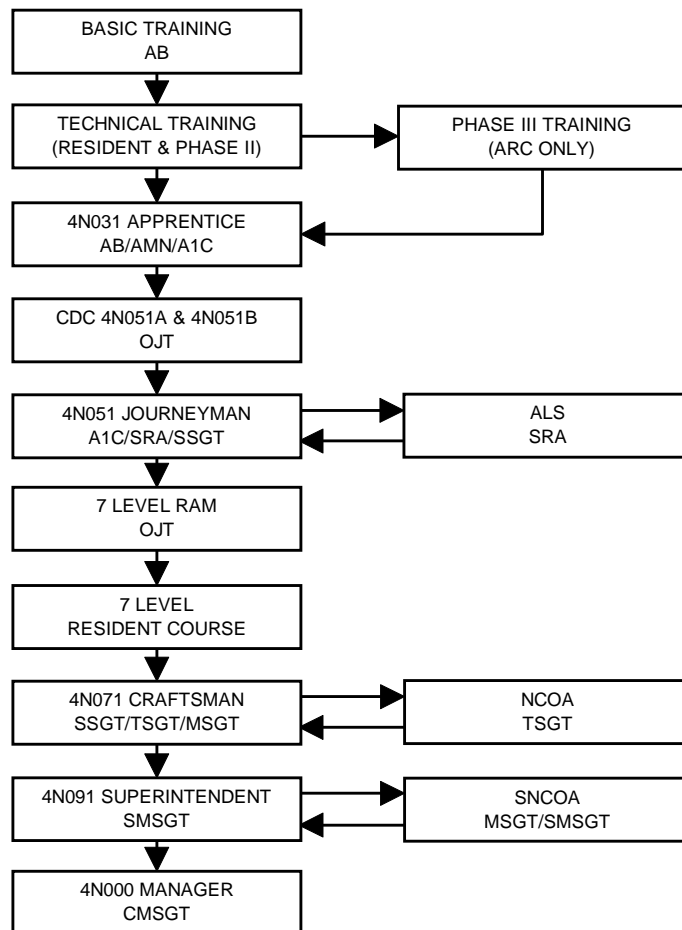
- MUST BE OFFICIALLY APPOINTED AND CERTIFIED
- MUST ATTEND FORMAL OJT CERTIFIER COURSE

* ACTIVE DUTY ONLY

Figure 5-2

>4N0XX
MEDICAL SERVICE SPECIALTY
CAREER PATH

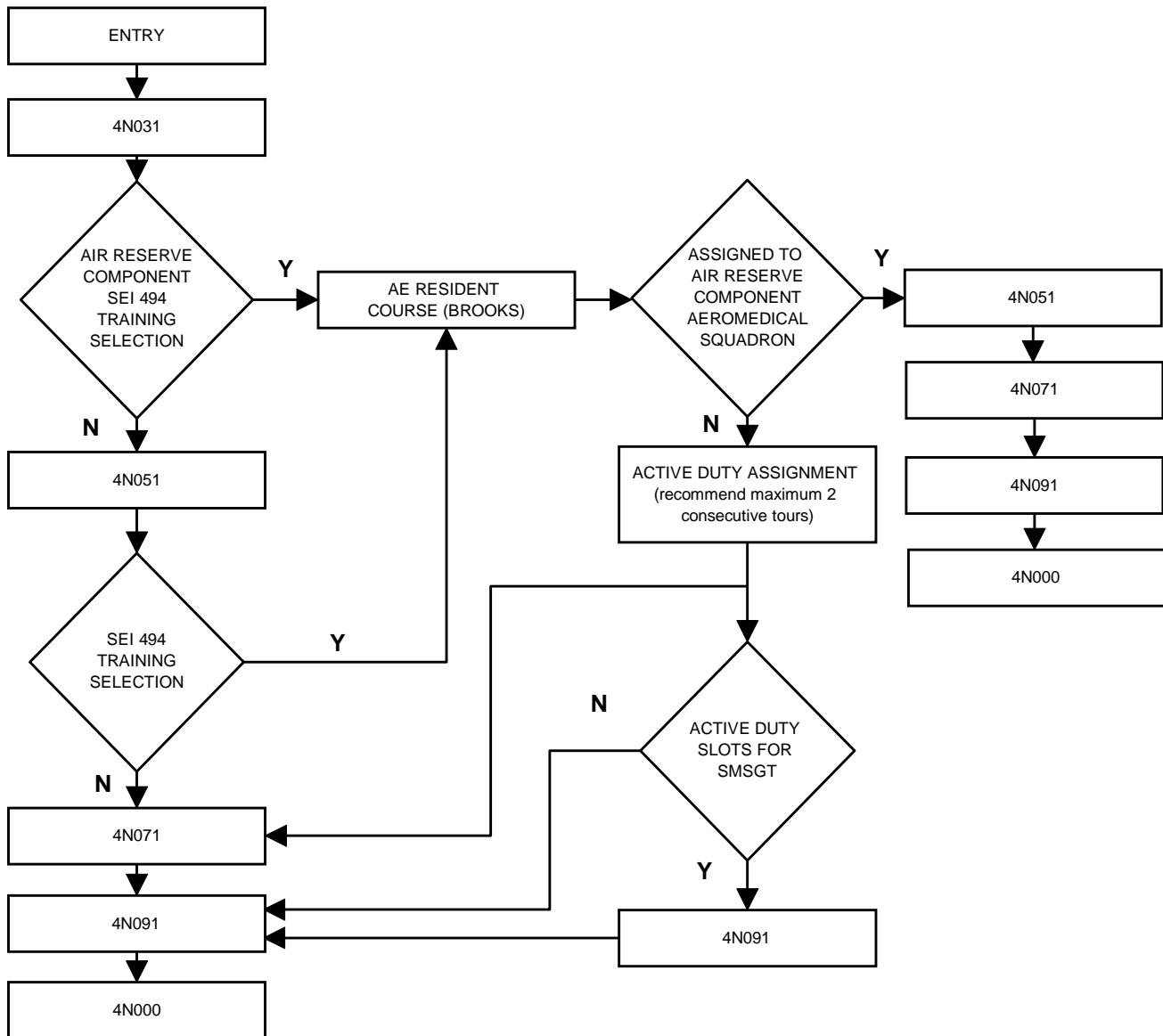
Figure 5-3



**>4N0X1 SEI 494
AEROMEDICAL EVACUATION TECHNICIAN
CAREER PATH**

Figure 5-8

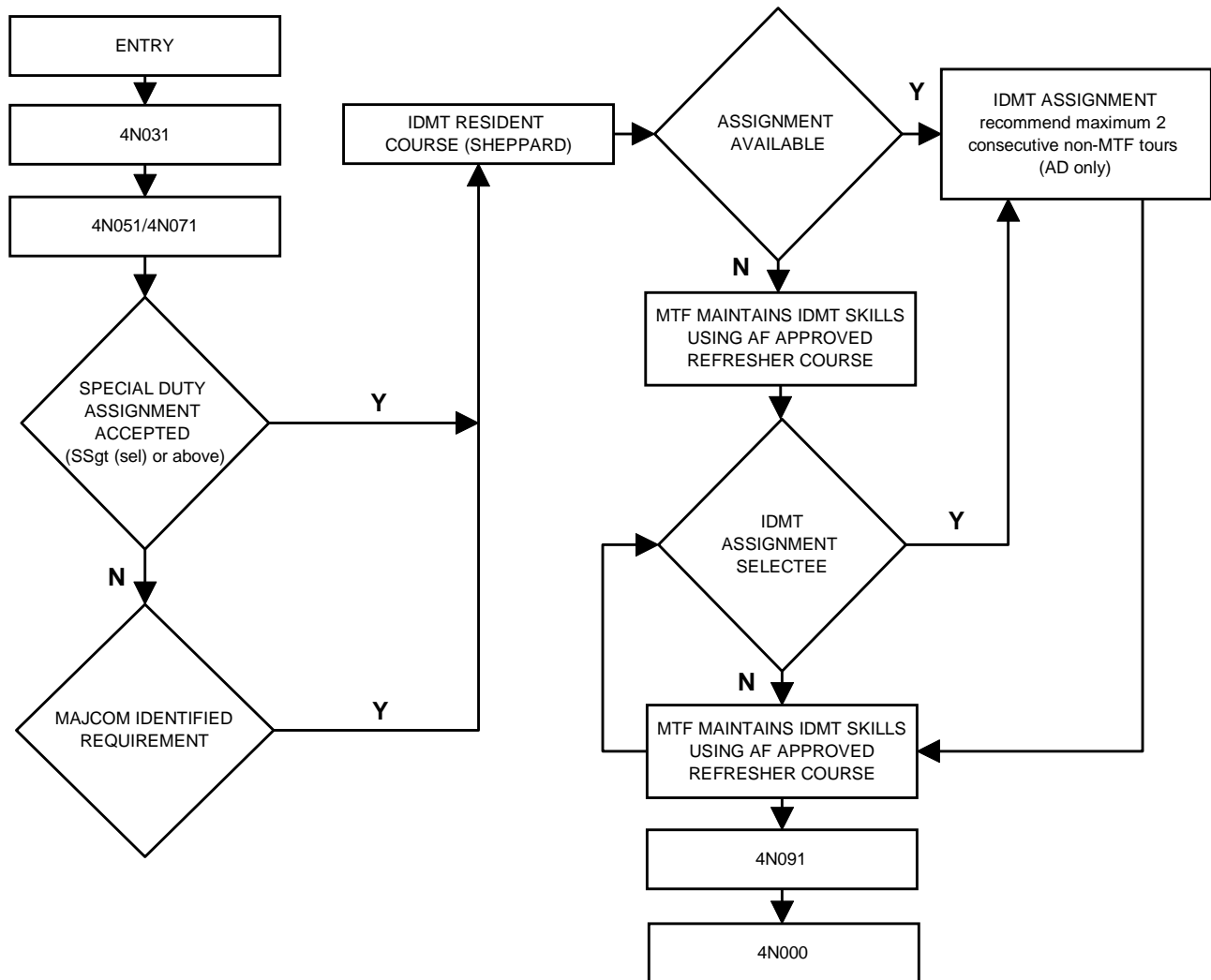
Note: SEI 494 awarded after formal course completion and initial weapons system qualification.



>4N0X1 SEI 496
INDEPENDENT DUTY MEDICAL TECHNICIAN
CAREER PATH

Figure 5-9

Note: SEI 496 awarded upon formal course completion.



PART I, SECTION C - SKILL LEVEL TRAINING REQUIREMENTS

1. Purpose. Skill levels in this career field are defined in terms of tasks and knowledge requirements. This section outlines the specialty qualification requirements for each skill level in broad, general terms and establishes the mandatory requirements for entry, award, and retention of each skill level. The specific task and knowledge training requirements are identified in the STS at Part II, Section A of this CFETP.

2. Specialty Qualifications.

2.1. Apprentice (3 skill level) training requirements.

2.1.1. Specialty qualification.

2.1.1.1. Knowledge:

2.1.1.1.1 For the basic AFSC, knowledge of the following is mandatory: medical terminology, anatomy and physiology, nursing techniques and procedures, emergency medical treatment (to include cardiopulmonary resuscitation, aseptic technique, medical ethics, and legal aspects), administering drugs, operating and maintaining therapeutic equipment, military hygiene and sanitation, risk management, basic procedures and components of Putting Prevention Into Practice (PPIP), disaster preparedness and chemical warfare, and care and transportation of the sick and injured.

2.1.1.1.2. For ARC apprentices assigned as Aeromedical Evacuation Technicians (SEI 494), knowledge of flight physiology and aeromedical evacuation patient care procedures is mandatory.

2.1.1.2. Education: Completion of high school or general educational development (GED) equivalency is mandatory for entry into this AFSC. Courses in general science, biology, psychology, and chemistry are desirable.

2.1.1.3. Training:

2.1.1.3.1. Completion of the medical service apprentice courses (resident and phase II) and current minimum certification as an NREMT-B are mandatory for award of the apprentice skill level.

>2.1.1.3.2. Completion of the aeromedical evacuation course is mandatory before being assigned to aeromedical evacuation duties (ARC personnel only may attend as 3 levels).

2.1.1.4. Experience: No requirement.

>2.1.1.5. Other: General AQE 43 minimum, a valid civilian drivers license, and other requirements IAW AFMAN 36-2108, Airman Classification, are mandatory.

2.1.2. Training Sources/Resources: Completion of the Medical Service Apprentice Course (J3AQR4N031 003) at Sheppard AFB, TX and the Medical Service Apprentice Phase II Course (J3ABO4N031 003) satisfies the

knowledge and training requirements specified in para 2.1.1. for award of the 3 skill level. QTPs are Air Force publications that have been developed and are mandatory for use during upgrade/qualification training when available for a duty position, program, or piece of equipment. They are obtained through normal publication channels in accordance with the procedures specified in AFIND 8. Procedures for requesting QTP development are also contained in AFIND 8. A list of all training courses to support education and training, to include QTPs, is in Part II, Sections D and C, respectively, of this CFETP.

2.1.3. Implementation: After 3 level graduation, job qualification training starts when an individual is assigned to their first duty position. Thereafter, it is initiated anytime an individual is assigned duties they are not qualified to perform. QTPs will be used concurrently to obtain necessary duty position qualifications.

2.2. Journeyman (5 skill level) training requirements.

2.2.1. Specialty qualification.

2.2.1.1. All 4N031 qualifications apply to the 4N051 requirements to include current minimum NREMT-B certification.

2.2.1.2. Knowledge:

2.2.1.2.1. For the basic AFSC, including all shredouts and Special Experience Identifiers (SEIs), knowledge of the following is mandatory: medical terminology, anatomy and physiology, nursing techniques and procedures, emergency medical treatment (to include cardiopulmonary resuscitation, aseptic technique, medical ethics, and legal aspects), administering drugs, operating and maintaining therapeutic equipment, military hygiene and sanitation, risk management, disaster preparedness and chemical warfare, and care and transportation of the sick and injured.

>2.2.1.2.2. For the journeyman assigned as an Allergy/Immunization Technician (4N051A), knowledge of the following is mandatory: Advisory Committee on Immunization Practices (ACIP) vaccination procedures and documentation standards, methods of properly administering intradermal, subcutaneous, and intramuscular injections, composition of vaccines, treatment of anaphylactic reactions, principles of allergy, diagnostic procedures, and treatment.

2.2.1.2.3. For the journeyman assigned as a Neurology Technician (4N051B), knowledge of the following is mandatory: electronic fundamentals and neurological anatomy and physiology.

2.2.1.2.4. For the journeyman assigned as a Hemodialysis Medical Technician (SEI 486), knowledge of the following is mandatory: fundamentals of hemodialysis invasive procedures and renal anatomy and physiology. Critical care experience is desired.

2.2.1.2.5. For the journeyman assigned as a Critical Care Medical Technician (SEI 487), knowledge of the following is mandatory: critical care nursing, invasive procedures, and hemodynamic monitoring.

>2.2.1.2.6. For the journeyman assigned as a Medical Development (also referred to as Staff Development) NCO (SEI 489), instructor experience and knowledge of Instructional System Design (ISD) is desirable.

2.2.1.2.7. For the journeyman assigned as a Hyperbaric Medical Technician (SEI 490), knowledge of the following is mandatory: depth physiology and hyperbaric treatment procedures.

2.2.1.2.8. For the journeyman assigned as an Aeromedical Evacuation Technician (SEI 494), knowledge of flight physiology and aeromedical evacuation procedures is mandatory.

2.2.1.2.9. For the journeyman assigned as an Independent Duty Medical Technician (SEI 496), knowledge of the following is mandatory: routine medical care, emergency medical and dental treatments, basic pharmacology, bioenvironmental services, public health, health care administration, and logistics procedures.

>2.2.1.2.10. For the journeyman assigned as a Gastroenterology Technician (no SEI assigned), the applicable Job Qualification Standard is specified on an AF Form 797 overprint, which may be obtained from the appropriate MAJCOM Functional Manager.

2.2.1.3. Education: To assume the rank of SSgt, individuals must be graduates of the Airman Leadership School.

2.2.1.4. Training:

>2.2.1.4.1. Completion of the following requirements are mandatory for the award of the 5 skill level AFSC: CDC 4N051A, CDC 4N051B, all STS core tasks, all QTPs identified for the assigned duty position, and at least 15 months upgrade training (6 months for retrainees) after completion of the 3 month apprenticeship period. Current minimum certification as an NREMT-B is mandatory. Continuation training is available and should be used based on the individual's particular training needs.

2.2.1.4.2. Completion of the Allergy/Immunization Technician course is mandatory before being assigned to Allergy/Immunization duty. Current minimum certification as an NREMT-B is mandatory.

2.2.1.4.3. Completion of the Neurology Technician course is mandatory before being assigned Neurology Technician duty. Current minimum certification as an NREMT-B is mandatory.

2.2.1.4.4. Completion of one year OJT in the hemodialysis specialty is mandatory before award of SEI 486 (Hemodialysis Medical Technician). Current minimum certification as an NREMT-B is mandatory.

2.2.1.4.5. Completion of the Hyperbaric Medical Technician course is mandatory before being assigned to clinical hyperbaric duty. Upon assignment to a clinical hyperbaric facility, individuals must obtain National Board of Diving and Hyperbaric Medical Technology certification as a Hyperbaric Technician within one year. Current minimum certification as an NREMT-B is mandatory.

2.2.1.4.6. Completion of the Aeromedical Evacuation Technician course is mandatory before being assigned to aeromedical evacuation duties. ARC AETs will continue to be assigned flying duties pending full implementation of the AET training expansion initiative (full AET course attendance/initial aircrew qualification). Current minimum certification as an NREMT-B is mandatory.

2.2.1.4.7. Completion of the Independent Duty Medical Technician course is mandatory before being assigned to independent duty. Current minimum certification as an NREMT-B is mandatory.

2.2.1.5. Experience: Current qualification as a Medical Service Apprentice is mandatory.

>2.2.1.6. Other: For journeyman assigned to Aeromedical Evacuation Technician or Hyperbaric Medical Technician duty, physical qualification according to Class III flight physicals per AFI 48-123, Medical Examinations and Standards, is mandatory.

2.2.2. Training Sources/Resources: Completion of CDC 4N051A and CDC 4N051B satisfies the knowledge requirements specified in para 2.2.1. for award of the 5 skill level. The STS in Part II of this CFETP identifies all core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers using available QTPs written for the duty position, program to be managed, equipment to be used, or procedure to be performed. QTPs are Air Force publications that have been developed and are mandatory for use when available for a duty position, program, or piece of equipment. They are obtained through normal publication channels in accordance with the procedures specified in AFIND 8. Procedures for requesting QTP development are also contained in AFIND 8. A list of all training courses to support education and training, to include QTPs, is in Part II, Sections D and C, respectively, of this CFETP.

2.2.3. Implementation: Entry into upgrade training is initiated when an individual possesses the 3 skill level and the required three months experience at the 3 skill level. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform. CDC 4N051A, CDC 4N051B, and all core tasks will be completed for award of the 5 skill level. Current minimum certification as an NREMT-B is mandatory.

2.3. Craftsman (7 skill level) training requirements.

2.3.1. Specialty qualification.

2.3.1.1. All 4N051 qualifications apply to the 4N071 requirements to include current minimum NREMT-B certification. All 4N051 shredout qualifications apply to 4N071 shredout requirements. All 4N051 SEI qualifications apply to 4N071 SEI requirements.

2.3.1.2. Knowledge: Knowledge of the following is mandatory: nursing theory and techniques, patient needs, nursing approaches, team nursing, medical terminology, anatomy and physiology, emergency care, drugs and their administration, medical ethics, legal aspects, infection control concepts to include aseptic techniques and universal precautions, operating and maintaining therapeutic equipment, personnel and unit management, disaster preparedness and chemical warfare, and risk management.

2.3.1.3. Education: To assume the rank of MSgt, individuals must be graduates of the NCO Academy.

2.3.1.4. Training: Completion of the following requirements is mandatory for the award of the 7 skill level: Completing all STS core tasks (including core task QTPs), successful completion of the 7 level RAM and resident technical school courses, and 18 months time in upgrade training (12 months for retrainees). Requirements to attend the 7 level resident course are 12 months time in upgrade training (6 months for retrainees), completion of all prerequisites, and the rank of SSgt (sew-on). Continuation training is available and should be used based on the individual's particular training needs. Current minimum certification as an NREMT-B is mandatory.

2.3.1.5. Experience: Prior qualification as a Medical Service Journeyman is mandatory. Experience in both the inpatient and outpatient care setting is desirable.

2.3.1.6. Other: None.

2.3.2. Training Sources/Resources: Completion of the 7 level RAM, 18 months time in upgrade training (12 months for retrainees), and the resident 7 level course satisfies the knowledge and skill requirements specified in para 2.3.1. for award of the 7 skill level. The STS in Part II of this CFETP identifies all core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers using available QTPs written for the duty position, program to be managed, equipment to be used, or procedure to be performed. QTPs are Air Force publications that have been developed and are mandatory for use when available for a duty position, program, or piece of equipment. They are obtained through normal publication channels in accordance with the procedures specified in AFIND 8. Procedures for requesting QTP development are also contained in AFIND 8. A list of all training courses to support education and training, to include QTPs, is in Part II, Sections D and C, respectively, of this CFETP.

2.3.3. Implementation: Entry into upgrade training is initiated when an individual is selected for promotion to SSgt and possesses the 5 skill level. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform. The 7 skill level RAM, resident AFSC awarding course, and certification of all core tasks and appropriate QTPs will be completed for award of the 7 skill level. Current minimum certification as an NREMT-B is mandatory.

2.4. Superintendent (9 skill level) training requirements.

2.4.1. Specialty qualifications.

2.4.1.1. Knowledge: Knowledge of the following is mandatory: nursing theory and techniques, anatomy and physiology, and medical ethics and legal aspects. Familiarization with management of IDMT emergency medical and dental treatment, surgical procedures, sterilization and aseptic techniques, aeromedical evacuation procedures, care and transportation of the sick and injured, maintaining therapeutic equipment, medical readiness, organization and function of the medical service, resource management, quality improvement, risk management, administration, and subspecialty shredouts/SEIs is desirable.

>2.4.1.2. Education: Completion of the Senior NCO Academy (resident or correspondence course; active duty only) is mandatory for award of the 9 skill level.

2.4.1.3. Training: Completion of the duty position training requirements is mandatory for award of the 9 skill level. Current minimum certification as an NREMT-B is mandatory when required by the duty position.

2.4.1.4. Experience. Qualification is mandatory as a Medical Service Craftsman. Experience is also mandatory in directing functions such as medical, surgical, or related health care administrative activities.

2.4.1.5. Other: Physical qualification for aircrew duty according to AFI 48-123, Medical Examinations and Standards, is mandatory.

2.4.2. Training Sources/Resources: Qualification training is provided by certified trainers using appropriate QTPs written for the duty position, program to be managed, equipment to be used, or procedure to be performed. QTPs are Air Force publications that have been developed and are mandatory for use when available for a duty position, program, or piece of equipment. They are obtained through normal publication channels in accordance with the procedures specified in AFIND 8. Procedures for requesting QTP development are also contained in AFIND 8. A list of all training courses to support education and training, to include QTPs, is in Part II, Sections C and D, respectively, of this CFETP.

>2.4.3. Implementation: Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform.

PART II

SECTION A

SPECIALTY TRAINING STANDARD (STS) For AFSC 4N0X1 and Applicable Shredouts/SEIs

MEDICAL SERVICE APPRENTICE MEDICAL SERVICE JOURNEYMAN MEDICAL SERVICE CRAFTSMAN

1. Implementation. This STS will be used for technical training provided by AETC effective with Medical Service Apprentice Course (J3AQR4N031 003) Class 970506.

2. Purpose. As prescribed in AFI 36-2201, Developing, Managing, and Conducting Training, this STS:

>2.1. Provides a qualitative training requirement proficiency code key in attachment 1 that is used to indicate the level of training provided by resident and career development courses. Training objectives in each course are designed to match the criteria established by the proficiency code key.

2.2. Lists in column 1 of attachments 2 through 8 the most common tasks and knowledge necessary for airmen to perform duties in the 3, 5, and 7 skill levels. These are based on an analysis of duties specified in AFMAN 36-2108, Airman Classification. A complete listing of all training references (TRs) that may be used for both formal course development and continuing education in the field is included in attachment 9.

2.3. Functionally groups tasks by subject and/or job position to aid in task selection and reduce duplication. Supervisors may select tasks from the appropriate attachment to accurately define a job and required training.

>2.4. Identifies in column 2 of attachments 2 through 8 which of the items in column 1 are designated as core (C) tasks for the duty positions listed below. **Medical Service Specialty personnel occupying any 4N0X1 duty position must be trained and certified on all respective core tasks to be duty position qualified.** To be considered fully qualified and eligible for any skill level award, personnel must be duty position qualified, trained, and certified on any/all core tasks. **All 3, 5, and 7 level 4N0X1 personnel (regardless of rank) must have a current documented OJT record in Part 2 of their 6 Part Folder (also applies to 9 level personnel when required to maintain NREMT certification due to the member's current duty position).**

2.4.1. Attachment 2 applies to all 4N0X1 personnel (4N0X1).

2.4.2. Attachment 3 applies to Allergy/Immunization Technicians (4N0X1A).

2.4.3. Attachment 4 applies to Neurology Technicians (4N0X1B).

2.4.4. Attachment 5 applies to Hemodialysis Technicians (SEI 486).

2.4.5. Attachment 6 applies to Hyperbaric Technicians (SEI 490).

2.4.6. Attachment 7 applies to Aeromedical Evacuation Technicians (SEI 494).

2.4.7. Attachment 8 applies to Independent Duty Medical Technicians (SEI 496).

>2.5. Identifies in column 2 of attachments 2 through 8 which of the items in column 1 are designated as wartime (W) course tasks. **Wartime course tasks are those STS items taught during the resident (3 level) wartime course. This course is only activated in time of war. The purpose is to train new 4N031 personnel on items deemed absolutely essential in order to facilitate moving new personnel to the field as quickly as possible during a wartime situation. Wartime course tasks should not be confused with core tasks.**

2.6. Provides in column 3 of attachments 2 through 8 a means to record completion of tasks and knowledge training requirements in order to provide certification for OJT. Task/knowledge certification must show a certification/completed date.

2.7. Indicates formal resident training requirements in columns 4A and 4C of attachments 2 through 8. These columns specify the proficiency to be demonstrated on the job by the graduate as a result of training in the initial skills (3 level awarding for the basic 4N0X1 or specialty awarding for shredouts and SEIs) and advanced (7 level awarding) courses, respectively, as described in AFCAT 36-2223, USAF Formal Schools.

2.8. Indicates correspondence course training requirements in column 4B of attachments 2 through 8. This column specifies the proficiency to be demonstrated on the job by the graduate as a result of training in the 5 level awarding Career Development Courses. The course writer is not restricted to the identified subjects. Additional subjects may be included as they apply to the 4N051 career field. See ECI/AFSC/CDC listing maintained by each unit training manager for current CDC listings.

2.9. Specifies in column 4D of attachments 2 through 8 which tasks have an available Qualification Training Package (QTP) to use on the job for both initial and recurring skills recertification training purposes. The number in column 4D designates the QTP volume number that the module can be found in. When applicable, items that relate to a common task are consolidated into one QTP module.

2.10. Is a job qualification standard (JQS). Supervisors and trainees are responsible for accurate documentation within this document. When used as a JQS, the following requirements apply:

>2.10.1. Circle the appropriate letter/number in column 1 of attachments 2 through 8 to identify tasks/knowledge applicable to the trainee's current duty position. **All core tasks must be circled for all 3, 5, and 7 level personnel (including shredouts and SEIs). This also applies to 9 levels when required to maintain an OJT record. In addition to all core tasks, circle all other STS items applicable to the member's current duty position. For formal course instructors, all core tasks and core task QTPs (at a minimum) must be trained and certified.**

>2.10.2. Document task qualification by annotating the **day, month, and year** (i.e. 12 Nov 98) training is completed in column 3B of attachments 2 through 8. The trainer, certifier, and trainee must complete the remaining blocks in column 3 as applicable. This document may be automated in whole or part to reflect duty position requirements and qualifications.

>2.10.3. Trainees are trained, evaluated, and certified to the "go" level on the tasks in column 1 of attachments 2 through 8. "Go" means the trainee can perform the task without assistance and meets requirements for accuracy, competency, and timeliness. Supervisors will manage this process by assessing AFSC qualifications.

2.10.4. Trainers must be certified in the task to be trained, be recommended by the supervisor, appointed by the commander, and complete a formal trainer course.

>2.10.5. Certifiers must be at least a SSgt with a 5 skill level or civilian equivalent, certified in the task being evaluated, appointed by the commander, be someone other than the trainer, and complete a formal certifier course. **Note: Guidance for transcribing from old to new (or replaced) STS pages per HQ AFPC official message (Mar 98) is as follows:** Use the new CFETP to identify and certify all past and current qualifications. For those tasks previously certified and required in the current duty position, evaluate current qualification and, when verified, recertify using the current date as completion date and enter the trainee's and certifier's initials. (Note: For transcribing procedures, the supervisor fulfills the role of a certifier and places his/her initials in the certifier column). For previous certification on tasks required in the current duty position, carry forward only the previous completion date. If and when these tasks become a duty position requirement, recertify with the current date and enter the trainee's and certifier's initials.

2.11. Is a guide for development of promotion tests used in the Weighted Airman Promotion System (WAPS). Specialty Knowledge Tests (SKTs) are developed at the USAF Occupational Measurement Squadron by senior NCOs with extensive practical experience in their career field. The tests sample knowledge of STS subject matter areas judged by test development team members as most appropriate for promotion to higher grades. Questions are based upon study references listed in the WAPS catalog. Individual responsibilities are in chapter 14 of AFI 36-2606, Reenlistment in the United States Air Force.

3. Recommendations.

3.1. Report unsatisfactory performance of individual course graduates through proper channels to 882 TRG/CCT, 939 Missile Rd. STE 2, Sheppard AFB, TX 76311-2260. Reference specific STS paragraphs when forwarding reports. For a quick response to concerns, supervisors may call the 24 hour customer service information line, DSN 736-3752, to identify graduates who may have received over or under training on task/knowledge items listed in this STS.

3.2. Report inadequacies of and suggest corrections to this STS through proper channels to the same POC listed in paragraph 3.1.

Supersedes STS 4N0X1, August 1994 and all subsequent changes.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

CHARLES H. ROADMAN II
Lieutenant General, USAF, MC
Surgeon General

9 Attachments

- | | |
|-----------------------------------|---|
| 1. Qualitative requirements | 6. STS: Hyperbaric Duty |
| 2. STS: 4N0X1 personnel | 7. STS: Aeromedical Evacuation Duty |
| 3. STS: Allergy Immunization Duty | 8. STS: Independent Medical Technician Duty |
| 4. STS: Neurology Duty | 9. Training references |
| 5. STS: Hemodialysis Duty | |

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
3.k. Building healthy communities:										
(1) Putting Prevention Into Practice (PPIP)							A	B	C	
(2) Health and Wellness Centers							A	B	C	
(3) Perform health and wellness duties							-	-	-	
l. Counseling principles in the medical service environment							A	B	2c	
m. Initiate action to correct substandard performance by personnel							-	-	B	
n. Evaluate medical formal course graduates							-	B	C	
o. Career field surveys							-	A	B	
> p. Resource Management:										
(1) Medical Expense Performance Reporting System (MEPRS) data considerations							A	B	C	
(2) Calculation and reporting of workload (biometrics):										
(a) Inpatient							-	B	-	
(b) Outpatient							-	B	-	
(3) Manpower considerations and documents:										
(a) Manpower resourcing tools							-	A	B	
> (b) Unit Manpower Document (UMD)							-	A	B	
> (c) Unit Personnel Management Roster (UPMR)							-	A	B	
(d) Authorization Change Request (ACR) / Authorization Change Notice (ACN)							-	A	B	
(e) Urgent manning requests							-	-	B	
(4) Budget considerations and development							-	A	2b	
(5) Cost analysis considerations							-	B	-	
(6) Perform cost analysis							-	-	2b	
q. Quality Air Force:										
(1) Practice quality improvement methods							1a	b	c	
> (2) Medical Treatment Facility (MTF) inspection programs							A	B	-	

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3.q. (3) Assist in developing MTF self inspection checklists							-	-	2b	
> (4) Perform operational risk management functions							1a	b	c	
r. Personnel Reliability Program (PRP) implications for AFSC 4N0X1							A	B	2b	
4. ON THE JOB TRAINING (OJT)										
a. Evaluate personnel to determine need for training							-	b	c	
> b. Planning and supervising OJT:										
(1) Prepare Master Task Listing (MTL)							-	b	c	
(2) Conduct training							-	b	c	
(3) Counsel trainees regarding progress							-	b	2c	
(4) Monitor effectiveness of training:										
(a) Career knowledge							-	b	c	
(b) Job proficiency upgrade							-	b	c	
(c) Certification/qualification							-	b	c	
> c. Career Field Education and Training Plan (CFETP)							A	B	3c	
d. Recommend personnel for formal training							-	-	-	
e. Evaluate effectiveness of formal training programs							-	-	-	
f. Nursing inservice training							-	a	2b	
5. AIR FORCE OCCUPATIONAL AND ENVIRONMENTAL SAFETY, FIRE PROTECTION, AND HEALTH (AFOSH) PROGRAM										
> a. Principles of general safety	W						B	-	-	
> b. AF Form 55, Employee Health and Safety Record							-	-	-	
> c. Safety considerations and precautions during job performance	C/W						2b	-	-	
> d. Hazard/Accident/Incident reports	C/W						a	-	-	
> e. Fire safety considerations and procedures	C/W						2b	-	-	
> f. Development and review of unit safety program	W						-	-	-	
> g. Ground safety and fire inspections	W						B	-	-	
> h. Hazard Communication (HAZCOM) program and procedures	W						A	-	-	
> i. AFOSH standards for AFSC 4N0X1							A	-	-	

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6. PROFESSIONAL AND PATIENT RELATIONSHIPS										
a. Professional standards of ethics:										
(1) Standards of conduct for patient care	W						A	B	-	
(2) Patient rights and responsibilities	W						A	B	-	
(3) Chaperone responsibilities							A	B	-	
(4) Death and dying	W						A	B	-	
b. Legal aspects of patient care:										
(1) Intentional torts	W						A	B	C	
(2) Consent for treatment	W						A	B	C	
(3) Standards of care	W						A	B	C	
(4) Living wills							A	B	C	
(5) Durable powers of attorney							A	B	C	
c. Promote professional relationships with patients and medical personnel:										
(1) Interpersonal relationships	W						1b	c	2c	
(2) Effective communications	W						1b	c	2c	
(3) Stress management	W						1b	c	2c	
(4) Patient sensitivity	W						1a	b	2c	
(5) Emotional support for patient and significant others	W						1a	b	2c	
(6) Patient advocacy	W						1a	b	2c	
> (7) Cultural diversity							A	B	-	
7. MEDICAL LOGISTICS PROCEDURES/ RESOURCE PROTECTION										
a. Air Force accountability and responsibility:										
(1) Supply/equipment records:										
(a) Activity issue/turn-in summary							-	B	-	
(b) Backorder report							-	B	-	
(c) Custodial actions/ custodial report listing							A	B	-	
(d) AF Form 1297, Temporary Issue/Hand Receipt							A	B	-	
(2) Supplies/equipment:										
(a) Establish/maintain stock levels	W						A	B	-	
(b) Supply/equipment requests and processing							-	B	2b	

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9.d.(4) Protection and regulation	W						A	B	-	
(5) Reproduction							A	B	-	
e. Human growth, development, and the aging process	W						A	B	-	
10. FUNDAMENTALS OF NURSING CARE										
a. Medical documentation:										
(1) Medical vocabulary and abbreviations	W						B	C	-	
(2) Use medical terms in reporting and recording	W						1a	b	c	
(3) Maintain inpatient medical records	W						2b	c	-	
b. Basic human needs theory	W						A	B	C	
c. Factors that influence health:										
(1) Personal hygiene	W						A	-	-	
(2) Environmental/community health	W						A	B	-	
(3) Nutrition and exercise	W						A	B	-	
(4) Psychological adjustments/mental health	W						A	B	-	
(5) Substance abuse	W						A	B	C	
(6) Body defenses and healing processes	W						A	B	C	
> d. Infection control:										
(1) Perform handwashing/aseptic technique	C/W						3b	c	-	
> (2) Maintain sterility of supplies/equipment:										
(a) Don/doff gown and sterile gloves	C/W						3b	c	-	
> (b) Maintain sterile field	C/W						3b	c	-	
> (3) Prepare supplies/equipment for sterilization	W						1b	c	-	1
> (4) Sterilization procedures	W						A	B	-	1
(5) Perform disinfection procedures	W						2b	c	-	
> (6) Disposition of contaminated materials	C/W						3a	b	-	
> (7) Terminal cleaning of patient unit	W						3a	b	-	
(8) Perform isolation precautions	W						2b	c	-	
> (9) Identify and report infection hazards	W						3a	b	-	
(10) Infectious processes; modes of transmission	W						A	B	-	

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> 10.d.(11) Housekeeping duties on nursing unit/clinic	W						3a	b	-	
e. Vital signs:										
(1) Measure and record manual and electronic:										
(a) Temperature	C/W						3c	c	-	
(b) Pulse rate	C/W						3c	c	-	
(c) Respiratory rate	C/W						3c	c	-	
(d) Blood pressure	C/W						3c	c	-	
(e) Height and weight	C/W						3c	c	-	
> (f) Orthostatic vital signs	C/W						3b	c	-	1
> (2) Assist with central venous monitoring set-up	W						a	b	-	2
> (3) Measure central venous/arterial pressures	W						a	b	-	
(4) Measure and record intake and output	W						3c	c	-	
> (5) Set-up cardiac monitor/defibrillator	C/W						1a	b	-	1
> (6) Perform 12-lead EKG	W						1a	b	-	1
> (7) Life-threatening arrhythmia recognition	W						A	B	2b	1
> (8) Monitor pulse oximetry oxygen saturation							2b	c	-	1
(9) Perform neuro checks	W						2b	c	-	
(10) Measure and record body/abdominal girth	W						2b	c	-	
> f. Perform patient instruction/guidance:										
(1) Patient orientation to hospital:										
(a) Unit orientation and policy	W						2b	c	-	
(b) Fire/disaster evacuation plan	W						2b	c	-	
(2) Instruct patients regarding tests and procedures	W						1a	b	-	
(3) Patient admission/discharge/transfer	W						2b	c	-	
(4) Aeromedical evacuation procedures	W						1a	b	-	
g. Patient safety, comfort, and hygiene:										
(1) Make bed:										
(a) Unoccupied	W						3b	c	-	
(b) Occupied	W						3b	c	-	
(c) Surgical	W						3b	c	-	
(2) Give bed bath	W						3b	c	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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10.i.(2) Suggest nursing approaches in planning patient care	W						2b	c	-	
(3) Assist with patient care evaluation	W						A	B	C	
j. Specimen collection and special procedures:										
(1) Prepare requisitions for tests and procedures	W						2b	c	-	
(2) Collect and label:										
(a) Emesis	W						2b	c	-	
(b) Urine	W						2b	c	-	
(c) Sputum	W						2b	c	-	
(d) Stool	W						2b	c	-	
(e) Drainage	W						2b	c	-	
> (f) Blood from venipuncture	W						2b	c	-	1
(g) Throat culture	W						2b	c	-	
> (3) Assist with collecting/labeling cerebral spinal fluid (CSF)	W						a	b	-	
> (4) Assist with collecting/labeling specimen for cytology							a	b	-	
(5) Strain urine for calculi	W						b	c	-	
> (6) Test urine for sugar and acetone							-	c	-	1
> (7) Test urine for specific gravity							-	c	-	1
> (8) Perform hematests							-	c	-	1
(9) Perform finger stick for blood sampling	W						2b	c	-	1
(10) Perform heel stick for blood sampling							-	c	-	1
(11) Use blood glucose meter	W						2b	c	-	1
k. Medications and fluid therapy under supervision of nurse or physician:										
(1) Prepare and administer:										
(a) Oral medication	W						b	c	-	1
> (b) Subcutaneous injection	C/W						2b	c	-	1
> (c) Intramuscular injection	C/W						2b	c	-	1
(d) Intradermal injection	W						b	c	-	1
(e) Agents in prefilled or Tubex syringes	W						b	c	-	1
(f) Rectal suppository	W						b	c	-	1
(g) Vaginal suppository	W						b	c	-	1
(h) Vaginal douche for medication delivery	W						b	c	-	1
(i) Ophthalmic ointments and drops	W						2b	c	-	1
(j) Otic drops	W						2b	c	-	1

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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10.k.(6)(b) Sedatives and hypnotics	W						A	B	-	
(c) Immunological preparations	W						A	B	-	
(d) Antiarrhythmics	W						A	B	-	
(e) Antiinfectives and antibiotics	W						A	B	-	
(f) Cathartics and stool softeners	W						A	B	-	
(g) Local anesthetic agents	W						A	B	-	
(h) Psychotherapeutic agents	W						A	B	-	
(i) Insulin and oral hypoglycemics	W						A	B	-	
(j) Anticoagulants	W						A	B	-	
(k) Antacids	W						A	B	-	
(l) Antihypertensives	W						A	B	-	
(m) Antiemetics	W						A	B	-	
(n) Antidiarrheal	W						A	B	-	
(o) Antiinflammatory	W						A	B	-	
> (7) Maintain security of controlled drugs							-	-	-	
I. Assist with medical examinations/ special procedures:										
(1) Assemble supplies and equipment for:										
(a) Basic physical examination	W						2b	c	-	
(b) Chest tube insertion/water seal drainage	W						a	b	-	2
(c) Pelvic examination	W						a	b	-	
(d) Sigmoidoscopy/proctoscopy/colonoscopy	W						1a	b	-	
(e) Bronchoscopy							-	a	-	
(f) Paracentesis/thoracentesis	W						a	b	-	
(g) Lumbar puncture	W						1a	b	-	
(h) Biopsy	W						a	b	-	
(i) Bone marrow aspiration							a	b	-	
(j) Exercise tolerance testing							-	a	-	
(k) Holter monitoring							-	a	-	
(l) Endoscopy							-	a	-	
(m) Laser procedures							-	a	-	
(n) Cystoscopy							-	a	-	
> (o) Tympanometry							-	a	-	1
(p) Amniocentesis							-	a	-	
(q) Colposcopy							-	a	-	
(2) Maintain treatment room supplies	W						2a	b	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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12.a.(4)(i) Eyes, ears, nose, and throat (EENT)	W						A	B	-	
(j) Dental	W						A	B	-	
(k) Pediatrics							A	B	-	
(l) Geriatrics							A	B	-	
b. Emergency procedures:										
(1) Communications:										
(a) Operate and monitor radio	W						a	b	-	
(b) Plot grid maps	W						1b	c	-	
c. Ambulance system operations	W						1b	c	-	
d. Emergency care procedures:										
> (1) Prehospital treatment protocols							B	C	-	
> (2) Perform field triage	W						1b	b	3c	3
(3) Administer initial patient care:										
(a) Patient assessment	W						3c	c	-	
(b) Extrication	W						3c	c	-	
(c) Observe and monitor patient	W						3c	c	-	
(4) Perform Basic Life Support (BLS)	C/W						3c	-	-	
(5) Assist with Advanced Cardiac Life Support (ACLS):										
(a) Set-up equipment for cardioversion/defibrillation/pacemaker	W						1b	c	-	3
(b) Operate Auto/Semiautomated External Defibrillator (A/SAED)	C/W						3c	c	-	3
(6) Pulmonary assessments and procedures:										
(a) Breath sounds							2b	B	2c	
> (b) Abnormal respirations/oxygen deficit	C/W						b	c	-	
(c) Position head and neck to open/maintain airway	C/W						3c	c	-	
(d) Set-up suctioning equipment	C/W						3c	c	-	
> (e) Suction oral/nasal pharynx	C/W						3c	c	-	
(f) Assemble fixed and portable oxygen delivery systems	C/W						3c	c	-	
(g) Interchange fixed and portable oxygen delivery systems	C/W						3c	c	-	

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3 Skill Level Course	B 5 Skill Level CDCs	C 7 Skill Level Course	D QTP Volume Number
13.e. Assist with non-flying physical examinations	W						a	b	-	
> f. Provide patient education using locally approved guidelines							-	-	-	
> g. Primary Care Management (PCM) team responsibilities							-	-	-	
> h. Preventive Health Assessment (PHA) procedures							-	-	-	
> i. Schedule patient appointments							-	-	-	

>ATTACHMENT 3

Allergy/Immunization STS (4N0X1A)

NOTE 1: Allergy/Immunization (A/I) Technicians are responsible to maintain appropriate patient care skills (core tasks) listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2: This attachment applies to all personnel who have completed formal training and are currently being utilized as an A/I technician.

NOTE 3: Section 14.b. of this attachment applies to all personnel trained as an immunization back-up technician.

Training references (TRs) applicable to the 4N0X1A portion of the STS (area 14) that are approved for use in course development, QTP development, and OJT are listed in attachment 9, table 2 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core © / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
14. ALLERGY/IMMUNIZATION SPECIALTY										
a. Allergy:										
(1) Principles of allergies:										
(a) Classes of allergic reaction:										
1 Class I, immediate hypersensitivity							B			11
2 Class II and III							A			11
3 Class IV, delayed							B			11
(b) Pollen agents:										
1 Local allergy-causing pollen							B			11
2 Seasons of specific allergy-causing pollen							B			11
(c) Principles of patient presentation:										
1 Rhinitis:										
a Seasonal							B			11
b Perennial							B			11
c Sinusitis							B			11
d Nasal polyposis							-			
2 Vasomotor rhinitis							B			11
3 Stinging insect hypersensitivity							B			11
4 Anaphylaxis							B			11
5 Food allergy							B			11
6 Medication/vaccine allergy							B			11
7 Irritants and physical agents							B			11

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
14.a.(1)(c) <u>8</u> Dermatological manifestations of allergy:										
<u>a</u> Urticaria							B			11
<u>b</u> Angio edema							B			11
<u>9</u> Asthma							B			11
(2) Diagnostic procedures:										
(a) Perform immediate skin testing:										
1 Procedures:										
<u>a</u> Prick test							2c			11
<u>b</u> Intradermal test							1b			11
2 Skin test allergens:										
<u>a</u> Routine:										
1 Aeroallergen							B			
2 Environmental							B			
3 Food							B			
<u>b</u> Specialized										
1 Venoms/ hymenoptera							a			11
2 Vaccines							a			11
3 Latex							a			11
4 PCN							a			11
5 Medication							a			11
3 Grading skin test							2c			11
4 Conduct patient education							3c			11
5 Document skin testing							3c			11
(b) Pulmonary diagnostic and therapeutic procedures:										
1 Perform routine spirometry/flow volume loops							2c			11
2 Perform pre- and postbronchodilator studies							2c			11
3 Perform asthma challenge test							a			11
4 Perform peak flowmeter studies							2c			11
5 Prepare and administer respiratory medication:										
<u>a</u> Metered dose inhaler							1b			11

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
14.a.(2)(b)5b Hand held/updraft nebulizers							1b			11
c Conduct patient education							3c			11
d Document pulmonary diagnostic and therapeutic procedures							3c			11
(c) Assist with rhinoscopy							-			
(d) Nasal smears:										
1 Obtaining							2c			11
2 Staining							2c			11
(3) Treatment:										
(a) Avoidance:										
1 Relocation from the source of irritants							B			
2 Air conditioning							B			
3 House dust mite precaution and avoidance program							B			
4 Mold/fungal avoidance							B			
5 Animal							B			
6 Venoms/hymenoptera							B			
(b) Pharmacology:										
1 Antihistamines							B			
2 Decongestants							B			
3 Bronchodilators							B			
4 Expectorants							B			
5 Steroids							B			
6 Combinations							B			
7 Blood pressure/cardiac medications (beta-blockers)							B			
8 Antidepressants							B			
(c) Immunotherapy:										
1 Types:										
a Aeroallergens							B			11
b Environmentals							B			11
c Venoms/hymenoptera							B			11
2 Administration:										
a Patient screening							3c			11
b Calculate dosage/schedule							3c			11
c Injection technique							3c			11

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
14.a.(3)(c) <u>2d</u> Conduct patient education							3c			11
<u>e</u> Document immunotherapy							3c			11
<u>3</u> Procurement:										
<u>a</u> Skin test trays							2c			
<u>b</u> Immunotherapy kits							3c			
<u>c</u> Refill requests							3c			
(d) Adverse reactions:										
<u>1</u> Vasovagal										
<u>a</u> Signs and symptoms							C			11
<u>b</u> Treatment							3c			11
<u>2</u> Local:										
<u>a</u> Signs and symptoms							C			11
<u>b</u> Treatment							3c			11
<u>3</u> Systemic:										
<u>a</u> Signs and symptoms							C			11
<u>b</u> Treatment							3c			11
(4) Extract preparation:										
(a) Extract types:										
<u>1</u> Aqueous							B			
<u>2</u> Alum-precipitated							B			
<u>3</u> Freeze-dried							B			
(b) Units of potency:										
<u>1</u> Weight/volume (w/v)							B			
<u>2</u> Biological allergen unit (BAU)							B			
<u>3</u> Protein nitrogen units (PNU)							B			
<u>4</u> Allergy units (AU)							B			
<u>5</u> Micrograms (mcg)							B			
<u>6</u> Milligrams (mg)							B			
(c) Diluents:										
<u>1</u> Human serum albumine (HSA)							B			
<u>2</u> Sterile normal saline with phenol							B			
<u>3</u> Glycerin							B			
(d) Mix 10 fold dilutions							3c			11
(e) Label extract vial							3c			11
(5) Mixing lab procedures							A			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
14.a.(6) Delayed skin testing:										
(a) Tuberculosis test placement and measurement:										
<u>1</u> 5 tuberculin unit (TU) purified protein derivative (PPD)							3c			11
<u>2</u> 1 TU (PPD)							1b			11
<u>3</u> 250 TU (PPD)							A			
(b) Anergy panel/placement and measurement:										
<u>1</u> Mumps							2c			11
<u>2</u> Candin albicans test							2c			11
<u>3</u> Tetanus toxoid fluid							2c			11
(7) Instruct patient on self care:										
(a) Peak flow							c			11
(b) Inhaler							b			11
(c) Ana-kit/epi-pen							b			11
b. Immunization:										
(1) Principles of immunization:										
(a) Define active immunization							B			12
(b) Define passive immunization							B			12
(c) Active duty vaccines:										
<u>1</u> Types							C			12
<u>2</u> Composition							C			12
<u>3</u> Dosages							C			12
<u>4</u> Schedules							C			12
<u>5</u> Storage/management							C			12
<u>6</u> Purpose							C			12
<u>7</u> Precautions/contraindications							C			12
<u>8</u> Side effects							C			12
<u>9</u> Document IAW AFJI 48-110:										
<u>a</u> Immunization record (PHS 731)							2c			12
<u>b</u> Medical record (1480b)							2c			12
<u>c</u> Computer tracking/clinic log							2c			12
(d) Pediatric vaccines:										
<u>1</u> Types							C			12
<u>2</u> Composition							C			12

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
14.b.(1)(d)3 Dosages							C			12
4 Advisory Committee on Immunization Practices (ACIP) recommended schedules							C			12
5 Storage							C			12
6 Purpose							C			12
7 Precautions/contraindications							C			12
8 Side effects							C			12
9 Document IAW AFJI 48-110:										
a Immunization record							2c			12
b Medical record							2c			12
c Computer tracking/clinic log							2c			12
(e) Adolescent/adults:										
1 Types							C			
2 Composition							C			
3 Dosages							C			
4 ACIP recommended schedules							C			
5 Storage/management							C			
6 Purpose							C			
7 Precautions/contraindications							C			
8 Side effects							C			
9 Document IAW AFJI 48-110:										
a Immunization record							2c			
b Medical record							2c			
c Computer tracking/clinic log							2c			
(2) Administrative considerations:										
(a) Geographical requirements (World Health Organization, International, and command specific)							B			
(b) Requirements for administration of immunizations outside MTF/Medical Unit							A			
(c) Waivers:										
1 Religious							A			
2 Medical							A			
(d) Permanent exemptions							A			

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/I Course	B N/A	C N/A	D QTP Volume Number
14.b.(2)(e) Disqualification medical board							A			
(f) Declination of recommended immunizations							B			
(g) Statistical reports as required							A			
(3) Administrative procedures:										
(a) Prepare immunization records:										
1 Transcribe immunization records							2c			
2 Use standard ACIP/ Centers for Disease Control (CDC) abbreviations							c			
(b) Provide and document Vaccine Information Statements (VIS) IAW AFJI 48-110							2c			
(c) Complete Vaccine Adverse Event Reporting System (VAERS) form							2b			12
(4) Administer medications and vaccines:										
(a) Subcutaneous							3c			1
(b) Intramuscular							3c			1
(c) Intradermal							3c			1
(d) Oral							3c			1
(5) Identify and initiate treatment of adverse reactions:										
(a) Anaphylactic							3c			12
(b) Vasovagal							3c			12

ATTACHMENT 7

Aeromedical Evacuation STS (SEI 494)

NOTE 1: Aeromedical Evacuation (AE) Technicians are responsible to maintain appropriate patient care skills (core tasks) listed in attachment 2 of this STS and must maintain current minimum certification as an NREMT-B.

NOTE 2: This attachment applies to all personnel who have completed formal training and are currently being utilized as an A/E Technician.

>NOTE 3: To prevent duplication of documentation following completion of formal training, applicable ground and flying training forms will be used to document all AE Technician qualification/certification training (in lieu of this STS attachment) and will be filed appropriately in Part 2, Section C of the member's Enlisted Training and Competency Folder. This STS attachment is used primarily as a formal Course Training Standard (CTS).

NOTE 4: Successful completion of course B3AZY4N0X1 001, Medical Survival Training, is a mandatory requirement for A/E course graduation.

Training references (TRs) applicable to the SEI 494 portion of the STS (area 18) that are approved for use in course development, QTP development, and OJT are listed in attachment 9, table 6 at the end of the entire STS.

1. Tasks, Knowledge, and Technical References	2. Core (C) / War-time (W) Tasks	3. Certification for OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A A/E Course	B N/A	C N/A	D QTP Volume Number
18. AEROMEDICAL EVACUATION										
a. Development of aeromedical airlift:										
(1) History							A			
(2) Process							B			
b. Aeromedical evacuation team:										
(1) Aeromedical crew responsibilities	W						B			
(2) Support organization's responsibilities	W						B			
c. Aeromedical evacuation system:										
(1) Terms	W						B			
(2) Elements	W						B			
(3) Worldwide systems	W						B			
d. Aeromedical evacuation aircraft:										
(1) Identify primary characteristics	W						a			
(2) Operate oxygen systems as applicable	W						a			
(3) Operate suction system as applicable	W						a			
(4) Operate electrical systems for medical use as applicable	W						a			
(5) Operate lighting system as applicable	W						a			
(6) Operate doors/litter door ramp/hatches as applicable	W						a			

>TABLE 1

**4N0X1 Training References
(STS areas 1 through 13)**

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.
- Manufacturer's operating instructions for equipment as applicable.
- Accreditation Manual for Ambulatory Care (Joint Commission on Accreditation of Healthcare Organizations).
- Basic Life Support for Healthcare Providers (American Heart Association).
- Brady Dosages and Calculations (Wiederhold).
- Brady Emergency Care (Grant, Murray Jr., and Bergeron).
- CDC Guidelines for Isolation Precautions in Hospitals and Infection Control in Hospital Personnel (Centers for Disease Control).
- Comprehensive Accreditation Manual for Hospitals (Joint Commission on Accreditation of Healthcare Organizations).
- Current Medical Diagnosis and Treatment (Appleton and Lange Co.).
- Dorland's Illustrated Medical Dictionary (W.B. Saunders Co.).
- Drugs and Nursing Implications (Govani and Hayes).
- Effective Management in Nursing (Sullivan and Decker).
- Emergency Care and Transportation of the Sick and Injured (American Academy of Orthopaedic Surgeons).
- Emergency War Surgery (U.S. Department of Defense).
- Fundamental Skill and Concepts in Patient Care (Timby and Lewis).
- Fundamentals of EEG Technology: Basic Concepts and Methods (Tyner).
- Fundamentals of Nursing (Wolff, Weitzel, Zornow, and Zsohar).

>TABLE 2

**4N0X1A Training References
(STS area 14)**

Note: All references listed imply the current edition of the publication.

- All official DoD, Air Force, and MAJCOM publications, to include this CFETP.
- Manufacturer's operating instructions for equipment as applicable.
- Allergic Diseases Diagnosis and Management (Patterson).
- Allergy Principles and Practice, Volumes I and II (Middleton).
- Allergy/Clinical Immunology Technician Course Manual (Walter Reed Army Medical Center).
- General Recommendations on Immunization, Recommendations of the Advisory Committee on Immunization Practices (ACIP).
- Health Information for International Travel (U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Infectious Diseases).
- ImmunoFacts Vaccines and Immunologic Drugs (Grabenstein).
- Morbidity and Mortality Weekly Report (Centers for Disease Control).
- Mosby's Textbook for Nursing Assistants (Sorrentino).
- Red Book Report of the Committee on Infectious Diseases (American Academy of Pediatrics).
- The Lippincott Manual of Nursing Practice (Suddarth).

PART II, SECTION C - SUPPORT MATERIALS

1. Qualification Training Packages (QTPs).

1.1. QTPs must be used for training on all items identified in an individual's STS as a duty position task that have a designated QTP identified in column 4.D.

1.2. QTPs listed in this section have been developed and are official Air Force publications. All QTPs listed can be obtained by ordering through proper channels.

1.3. To assist in the standardization of training, and to eliminate duplication, the QTPs listed in this section must be used when applicable to an individual's duty position. Information pertaining to requesting QTP development can be found in Part I, Section C of this CFETP.

1.4. When identified as applicable to an individual's duty position, the frequency that training must be accomplished by using each of the QTPs listed in this section is specified next to each QTP module.

>1.5. QTPs have been developed and are listed on the following pages for the following specialties (Note: This list reflects the chronological order in which QTP volume development has occurred):

1.5.1. 4N0X1 (Medical Service Specialty).

1.5.2. SEI 496 (IDMT).

1.5.3. 4N0X1B (Neurology Technician).

>1.5.4. 4N0X1A (Allergy/Immunization Technician).

>2. Available Medical Service Specialty (4N0X1) QTPs (Developer: 882 TRG, Sheppard AFB, TX):

Number	Frequency	Title
QTP 4N0X1-Vol 1		Fundamentals of Nursing Care
Module 1	every 2 yrs	Sterilization procedures for supplies and equipment
Module 2	Annual	Orthostatic vital signs
Module 3	Annual	Set-up cardiac monitor/defibrillator
Module 4	Annual	Perform 12-lead EKG
Module 5	Annual	Identify life-threatening arrhythmias
Module 6	every 2 yrs	Perform/monitor pulse oximetry oxygen saturation
Module 7	Annual	Collect and label blood from venipuncture
Module 8	every 2 yrs	Test urine for sugar, acetone, specific gravity, and perform hematest
Module 9	every 2 yrs	Perform finger/heel sticks for blood sampling
Module 10	every 2 yrs	Use blood glucose meter
Module 11	Annual	Medication administration
Module 12	Annual	Intravenous infusion
Module 13	Annual	Blood administration
Module 14	every 2 yrs	Tympanometry
QTP 4N0X1-Vol 2		Nursing Care of Patients with Special Needs
Module 1	Annual	Assist with central venous line insertion and monitoring
Module 2	Annual	Assist with chest tube insertion/monitor water seal drainage
Module 3	Annual	Assist with arterial line insertion
Module 4	Annual	Assist with pulmonary artery catheter insertion and measurements/ cardiac output measurements
Module 5	Annual	Drawing radial arterial blood gas sample percutaneously/via manifold
Module 6	Annual	Administer local anesthetic agents
Module 7	Annual	Wound closure
Module 8	Annual	Insert/irrigate/remove nasogastric tube
Module 9	Annual	Establish/maintain/remove closed urinary drainage system
Module 10	every 2 yrs	Set-up and rotate patient on a turning frame
QTP 4N0X1-Vol 3		Nursing Care of Patients in Emergency Situations
Module 1	Annual	Hazardous Materials (HAZMAT)
Module 2	Annual	Field triage
Module 3	Annual	Set-up equipment for cardioversion/defibrillation/pacemaker
Module 4	see Sect.F Part 2	Operate Auto/Semiautomated External Defibrillator (A/SAED)
Module 5	every 2 yrs	Irrigate eyes
Module 6	Annual	Apply simple cast/splint, trim/petal, bivalve, and remove cast
Module 7	Annual	Emergency medication administration
QTP 4N0X1-Vol 4		Nursing Care in the Outpatient Clinic
Module 1	every 2 yrs	Perform Pseudofolliculitis barbae (PFB) treatments
Module 2	every 2 yrs	Perform wart clinic procedures

3. Available Independent Duty Medical Technician (SEI 496) QTPs (Developer: 882 TRG, Sheppard AFB, TX):

Note: QTPs are utilized for initial and refresher IDMT training.

Number	Title
QTP 4N0X1 Vol 5	Site Administration
Module 1	Personnel Reliability Program
QTP 4N0X1 Vol 6	History and Physical
Module 1	Obtain and record medical history
Module 2	Perform physical examinations
Module 3	Perform emergency gynecological examinations
QTP 4N0X1 Vol 7	Medical Laboratory Procedures
Module 1	Perform macroscopic urinalysis
Module 2	Perform hematocrit
QTP 4N0X1 Vol 8	Bioenvironmental and Public Health Procedures
Module 1	Perform chlorine residual/pH test
Module 2	Perform bacteriological water testing
Module 3	Conduct food safety inspections
QTP 4N0X1 Vol 9	Emergency Medicine Procedures
Module 1	Airway management
Module 2	Management of the multiple system trauma patient
Module 3	Administer intravenous medications

4. Available Neurology Technician (4N0X1B) QTPs (Developer: Neurology Technician Course, Naval School of Health Sciences, Bethesda, MD):

Number	Frequency	Title
QTP 4N0X1 Vol 10		Neurology Specialty
Module 1	Annual	EEG recording processes; Perform appropriate recording methods to obtain brain wave recordings
Module 2	Annual	Evoked potential recording modalities; Perform appropriate recording methods to obtain evoked potential
Module 3	Annual	Nerve conduction recording processes
Module 4	Annual	Assist medical officer with special procedures

>5. Available Allergy/Immunization Technician (4N0X1A) QTPs (Developer: Allergy/Immunization Functional Manager):

Number	Frequency	Title
QTP 4N0X1 Vol 11		Allergy Specialty
Module 1	Annual	Principles of allergy
Module 2	Annual	Type 1 hypersensitivity skin testing; intradermal and prick
Module 3	Annual	Pulmonary function testing
Module 4	Annual	Obtaining and staining nasal smears
Module 5	Annual	Administration and management of immunotherapy injections
Module 6	Annual	Mixing of serial 10 fold dilutions
Module 7	Annual	Type 4 hypersensitivity skin testing
Module 8	Annual	Patient education (allergy patient)
QTP 4N0X1 Vol 12		Immunization Specialty
Module 1	Annual	Principles of active and passive immunity
Module 2	Annual	Active duty immunizations
Module 3	Annual	Pediatric immunizations
Module 4	Annual	Management of adverse reactions following immunizations

PART II, SECTION D - TRAINING COURSE INDEX

1. Resident Courses.

1.1. Refer to AFCAT 36-2223, USAF Formal Schools, for complete information on the courses listed in this section.

1.2. Resident courses applicable to AFSC 4N0XX:

Course Number	Course Title
J3AQR4N031 003	Medical Service Apprentice
J5ABO4N031 000	Medical Service Apprentice - Phase II
J5ALA4N0X1A 001	Allergy/Immunization Technician
J5ALN4N0X1B 000	Neurology Technician
B3AZY4X0X1 004	Advanced Clinical Hyperbaric Medicine Training
B3AZY4N0X1 000	Aeromedical Evacuation Technician
>J3AZR4X0X1 005	Independent Duty Medical Technician
J3ACR4N071 003	Medical Service Craftsman - Resident

2. Career Development Courses (CDCs).

2.1. Refer to the Extension Course Institute (ECI) catalog for complete information on the courses listed in this section.

2.2. Career Development Courses applicable to AFSC 4N0XX:

Course Number	Course Title
CDC 4N051A	Medical Service Journeyman
CDC 4N051B	Medical Service Journeyman

2.2.1. Successful completion of CDC 4N051A is mandatory before enrolling in CDC 4N051B.

PART II, SECTION E - MAJCOM UNIQUE REQUIREMENTS

1. Air Force Reserve.

1.1. Purpose: This section applies to all medical service specialty personnel assigned to all Air Force Reserve medical units.

1.2. Additional Apprentice (3 skill level) training requirements:

>1.2.1. Upon completion of the Medical Service Apprentice Course (resident and Phase II), all Medical Service Apprentices (non-prior service and cross-trainees) will be assigned to an active duty hospital for up to 120 days (minimum 60 days) to acquire proficiency in performing tasks for the 3 skill level. The length of training should be dependent upon the apprentice's civilian experience, if any. The nursing superintendent may submit a request for waiver of this Phase III training to HQ AFRC/SGN. The apprentice should be assigned to medical-surgical inpatient clinical settings. Active duty personnel should ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency.

>1.2.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate (AF Form 1256) to their Reserve unit of assignment. The Reserve unit of assignment will then initiate upgrade action using AF Form 2096 to award the 3 skill level and enter the apprentice in the appropriate training status code (TSC) "B" or "F".

1.3. NREMT-B certification.

1.3.1. All Air Force Reserve medical service personnel in the 3, 5, and 7 skill levels must attain and maintain current minimum certification as an NREMT-B no later than 1 October 2002.

1.3.2. All Air Force Reserve 4N091 medical service personnel must attain and maintain current minimum certification as an NREMT-B no later than 1 October 2002 when required by the current duty position.

2. Air National Guard.

2.1. Purpose: This section applies to all medical service specialty personnel assigned to all Air National Guard units.

2.2. Additional Apprentice (3 skill level) training requirements:

>2.2.1. Upon completion of the Medical Service Apprentice Course (resident and Phase II), all Medical Service Apprentices will be evaluated by their Medical Squadron Commander for an additional 30 to 60 days of proficiency/seasoning training. This training must be accomplished at an active duty hospital within one year of completing Phase II training. This training is recommended for ANG personnel who are not in or pursuing a civilian medical-related occupation.

2.2.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate (AF Form 1256) to their unit of assignment. The ANG unit will then initiate upgrade action using AF Form 2096 to award the 3 skill level and enter the apprentice in the appropriate training status code (TSC) "B" or "F". This action will begin the three month apprenticeship phase while accomplishing hospital inpatient care training.

2.3. NREMT-B certification.

2.3.1. All ANG medical service personnel in the 3, 5, and 7 skill levels must attain and maintain current minimum certification as an NREMT-B no later than 1 October 2002.

2.3.2. All ANG 4N091 medical service personnel must attain and maintain current minimum certification as an NREMT-B no later than 1 October 2002 when required by the current duty position.

2.4. OPR: ANGRC/SGN, 3500 Fetchet AVE., Andrews AFB, MD 20331-5157, DSN: 278-8559.

3. Documentation of Training: The Enlisted Training and Competency Folder.

3.1. The purpose of this section is to provide guidelines and examples of proper documentation for the many forms used in training all 4N0XX personnel. Training documentation helps us to assess readiness capability, individual strengths and weaknesses, and resources needed to support quality patient care. It also helps us meet all JCAHO and regulatory requirements. The Enlisted Training and Competency Folder is limited to the forms presented here and those prescribed in AFI 36-2201. Your unit training manager can also assist you with specific questions on training documentation.

3.2. Documents included in the 4N0XX Enlisted Training and Competency Folder.

3.2.1. To assemble a 4N0XX training record, utilize a standard six-part folder (NSN 7530-00-990-8884, Folder, 6 Section).

3.2.2. Attach (glue/tape/staple) a computer generated or typewritten label titled “Enlisted Training and Competency Folder.” This label must be centered on the top half of the front cover, as viewed in portrait orientation. In addition, include the member’s full name (last, first, MI), rank, and SSAN on this label. An AFVA 205-15, Privacy Act Statement, must also be attached to the front cover. This label should be centered on the bottom half of the front cover, as viewed in portrait orientation (see attachment 1). To facilitate filing of folders, an additional label containing the member’s full name (last, first, MI), should be placed inside the back cover of the folder in the upper right corner, as viewed in landscape orientation.

3.2.3. The six parts of the folder are discussed in detail in the following paragraphs. Each part will contain specific documents that should be filed in descending order (see attachment 1). Index tabs/tabbed dividers may be used in parts that contain multiple documents. Parts 2 through 5 are intended to replace the existing AF Form 623 and the documents contained therein. Training documents normally filed in the AF Form 623 will be filed in the 6-part folder in parts 2 through 5 in the same sequence that they appear in the current AF Form 623. Index tabs/tabbed dividers may be used in areas that contain multiple documents. When multiple copies of any form are placed into the OJT record, they are placed in chronological order with the most current documentation on top.

3.2.3.1. Part 1 (first two-pronged section).

3.2.3.1.1. Section A - Locally required training and skills competency documentation. This section is for maintaining documentation required by other regulatory guidance that is not maintained elsewhere in the OJT record, regardless of grade or training status.

3.2.3.1.2. Section B - AF Form 55, Employee Safety and Health Record. Regardless of grade or training status, AF Form 55 for the member is maintained in Part 1. AFI 91-301, Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program, June 1996, authorizes supervisors to file the AF Form 55 with the AF Form 623, On-The-Job Training Record.

>3.2.3.1.3. Note: Do not use AF Form 803, *Report of Task Evaluations*, for AFSC 4N0XX 6 Part Folders.

3.2.3.2. Part 2 (second two-pronged section).

>3.2.3.2.1. Section A - AF Form 623, On-The Job Training Record (front and inside cover). Attach the front and inside cover (containing Sections I through IV) of the member's current AF Form 623 onto Part 2 of the 6-part folder. Ensure all appropriate areas of the form are properly completed. ***Note: Maintenance of AF Form 623 is mandatory for all 4N031, 4N051, and 4N071 personnel, regardless of rank. In addition, an AF Form 623 is required for 4N091 personnel when required to maintain current NREMT certification due to the member's current duty position.*** All appropriate areas of AF Form 623 must be properly completed. The AF Form 623 is the document that is recognized by the personnel system in contingencies and deployments as the official formal training record.

3.2.3.2.2. Section B - Career Field Education and Training Plan (CFETP). The Specialty Training Standard (STS) contained within the CFETP will be used to record training proficiency in various tasks that are required for an individual to perform duties in a specific work area. A master task listing for the work center is maintained in the master training plan for the duty section. Circle all core tasks and only those other tasks that the individual is required to perform in his/her current duty position.

3.2.3.2.3. Section C - AF Form 797, Job Qualification Standard Continuation/Command JQS. These forms will be used to document training for tasks that are not otherwise documented in the CFETP or tasks that are waived by the MAJCOM per AFI 36-2201, para 7.4., Waivers (see attachment 2).

3.2.3.3. Part 3 (third two-pronged section).

3.2.3.3.1. AF Form 1098, Special Task Certification and Recurring Training. This part will contain three separate sections for the documentation of specific training. These forms are used to document qualification in tasks that require recurring training. They may also be used to document inservice and mandatory training. An AF Form 1098 will be created and clearly marked for each type of training documentation required. Ensure signatures and initials are included per AFI 36-2201.

3.2.3.3.1.1. Section A - To document mandatory recurring training (see attachment 3): Examples are BLS training, patient sensitivity training, and other mandated training as stipulated by JCAHO standards, Air Force, or facility directives. Mandatory training requirements may vary from facility to facility. These requirements should be reviewed on an annual basis and updated as required.

>3.2.3.3.1.2. Section B - Qualification Training Packages/Age-Specific Competency: This section will be used to document ongoing completion of Qualification Training Packages (QTPs) and recurring (minimum annual) age-specific competency training (see attachment 4). Supervisors should develop AF Form 1098 overprints to group specific QTPs required within their duty sections. Any applicable Air Reserve Components sustainment training will be documented in this section. The initial completion of a QTP is documented in the CFETP. ***Each QTP required for the duty section will be maintained in the Master Training Plan (MTP) and will be used as a training source document.***

3.2.3.3.1.3. Section C - Inservice training: Used to document inservice training (see attachment 5). ***NOTE: If the inservice training applies to NREMT training, document appropriately in Part 6 of the OJT record.***

3.2.3.4. Part 4 (fourth two-pronged section).

3.2.3.4.1. *Section A - AF Form 623a, OJT Record Continuation Sheet.* This form will be utilized to document all progress of individual training to include facility orientation, unit specific orientation, upgrade training, Career Development Course (CDC) failures/corrective actions, any additional pertinent training, all decertification procedures, and supervisor/ trainer/certifier periodic review (see attachments 6, 7, and 8). The entire training process must be well documented on these forms. All individuals involved in the training process must document training progress as it occurs. Upgrade training status will be documented at least quarterly.

3.2.3.4.1.1. Facility orientation. Include a statement on the AF Form 623a that verifies facility orientation requirements were met and include signatures of both the supervisor and orientee. A master copy of the facility orientation checklist will be maintained in the master training plan for the duty section. ***Anytime there is a reference on the AF Form 623a to an orientation checklist, you must indicate the name and date of the checklist. Do not maintain copies of checklists in the OJT record.***

>3.2.3.4.1.2. Unit-specific orientation. The unit-specific orientation is essential for all assigned members. Documentation of the orientation process must be thorough. The trainer will use the master copy of the unit-specific orientation checklist located in the master training plan. Each item on the checklist must be covered by the trainer to ensure standardization of training. When applicable, ensure these checklists address age-specific and population-specific knowledge and skills. To reduce the amount of paperwork in the OJT record, AF Form 623a will be used to record the orientation process. Ensure any applicable age-specific and population-specific training is documented as the final AF Form 623a orientation entry. An overprint AF Form 623a is recommended to ensure the suggested comments are annotated (see sample orientation documentation in attachment 6).

3.2.3.4.1.2.1. Orientee and trainer name/rank/unit assignment.

3.2.3.4.1.2.2. Orientation start date with initial interview comments (i.e. goals, desires, concerns related to the orientation process, etc.). Identify name and date of the orientation checklist.

3.2.3.4.1.2.3. Mid-orientation progress check to evaluate training effectiveness. Signed and dated by both the trainer and orientee.

3.2.3.4.1.2.4. Final evaluation of orientation process with statement that verifies orientee's unit-specific competency has been achieved. Signed and dated by the trainer supervisor, OIC, and orientee. Identify name and date of the orientation checklist.

3.2.3.4.1.3. Upgrade Training (5-7-9 skill levels).

3.2.3.4.1.3.1. Document entry into upgrade training and periodic (minimum quarterly) evaluations of training progress.

3.2.3.4.1.3.2. Information on extensions, waiver requests, or breaks in training should also be clearly documented with copies of any related correspondence.

3.2.3.5. Part 5 (fifth two-pronged section).

3.2.3.5.1. *AF Form 2096, Classification On-The-Job Training Action*. This form will be used to document completion of upgrade training. This is also a good reference for supervisors to use when managing individuals with Special Experience Identifiers (SEIs) such as independent duty, aeromedical evacuation, etc.

NOTE: A PC III automated document may be substituted for AF Form 2096.
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3.2.3.6. Part 6 (sixth two-pronged section).

>3.2.3.6.1. *NREMT Documentation*. This part will contain documentation pertaining to NREMT training. Maintenance of certificates is an individual responsibility, however, **a copy of the member's current NREMT and CPR cards/certificates (only) may be maintained in this part of the folder.** All other training certificates will not be maintained in the 6 Part Folder, but will be *accessible for review as needed from the individual*. Supervisors and individuals should continually monitor EMT training status to ensure no lapses in certification occur. Further information on EMT training is included in Section F, Part 2 of this CFETP.

List of attachments:

1. Outside cover and organization of the Enlisted Training and Competency Folder.
2. Sample AF Form 797, documentation of waived tasks (optometry duties).
3. Sample AF Form 1098, documentation of mandatory training.
4. Sample AF Form 1098, recurring QTP documentation.
5. Sample AF Form 1098, inservice training documentation.
6. Sample AF Form 623a, unit orientation documentation.
7. Sample AF Form 623a, initial upgrade training briefing.
8. Sample AF Form 623a, upgrade trainee responsibilities documentation.
9. Sample AF Form 623a, Job Description/Performance Standards review documentation.

Outside of Folder

<p>ENLISTED TRAINING AND COMPETENCY FOLDER</p> <p>Jones, William G. SRA 123-45-6789</p>
<p>PERSONAL DATA PRIVACY ACT OF 1974 (5 U.S.C. 552a) <small>29 March 1985 AFVA 205.15</small></p>

Inside of Folder

PART 1	PART 2	PART 3	PART 4	PART 5	PART 6
- <u>Section A</u> : Locally required training and skills competency documentation - <u>Section B</u> : AF Form 55	- <u>Section A</u> : AF Form 623 (front & inside cover) - <u>Section B</u> : CFETP - <u>Section C</u> : AF Form 797	- AF Forms 1098 -- <u>Section A</u> : Mandatory training -- <u>Section B</u> : QTPs/Age- Specific Training -- <u>Section C</u> : Inservice training	- <u>Section A</u> : AF Forms 623 a --Job Description/ Performance Standards Review --Orientation --Training progress - <u>Section B</u> : AETC 156	- AF Form 2096 or PC III document	- NREMT documentation

[illegible]

PREVIOUS EDITIONS WILL BE USED.

**ON-THE-JOB TRAINING RECORD
CONTINUATION SHEET**

14 Feb 95

SRA Wilson is assigned to the Medical/Surgical ward on this date. SSgt Miller has been assigned as a trainer for SRA Wilson. SSgt Jones will orient SRA Wilson to the unit using the Medical/Surgical Orientation Checklist dated 17 Mar 94 located in the Master Training Plan. An initial interview was accomplished on this date. SRA Wilson enjoyed his hospital orientation and is looking forward to the unit orientation. He expressed concern on meeting previously scheduled appointments while under the unit orientation. I informed him that time to attend his appointments would be scheduled as needed. SRA Wilson stated that his goals during the orientation process were to learn as much as possible and to ask questions as necessary.

Allen Wilson

Allen Wilson, SRA

David Miller

David Miller, SSgt, Medical/Surgical Ward

27 Feb 95

A mid-orientation progress check was completed on this date. SRA Wilson has progressed through the Medical/Surgical Orientation Checklist dated 17 Mar 94 with no difficulty noted. He has completed his review of unit-specific OIs and has begun reviewing hospital OIs. The remainder of his orientation will be completed on night shift beginning 28 Feb 95.

Allen Wilson

Allen Wilson, SRA

David Miller

David Miller, SSgt, Medical/Surgical Ward

12 Mar 95

SRA Wilson has completed all training, including applicable age-specific and population-specific requirements, on the Medical/Surgical Orientation Checklist dated 17 Mar 94. A review of all applicable checklists with him indicates he is knowledgeable of all items discussed. SRA Wilson stated he feels comfortable with the training and believes he is ready to be released from orientation. I recommend that SRA Wilson be released from orientation on this date.

Allen Wilson

Allen Wilson, SRA

David Miller

David Miller, SSgt, Medical/Surgical Ward

Concur

Concur

John L. Finish

John L. Finish
NCOIC, Medical/Surgical Ward

Mary E. Downs

Mary E. Downs, Capt.
OIC, Medical/Surgical Ward

LAST NAME - FIRST NAME - MIDDLE INITIAL

Wilson, Allen B.

AF FORM 623a. MAR 79 (EF)

PREVIOUS EDITION WILL BE USED.

>Part 2: USAF Emergency Medical Technician (EMT) Registration Program for the 4N0XX Medical Service Specialty

1. Initial Registration.

1.1. Initial EMT-Basic training for Medical Service Apprentices is conducted as a part of the Medical Service Apprentice Course (J3AQR4N031 003). Successful completion of the NREMT-B examination is mandatory for course graduation.

1.2. EMT-Basic training for Medical Service Journeymen, Medical Service Craftsmen, and (when required by the duty position) Medical Service Superintendents is accomplished at the MTF level. Personnel who fail the initial NREMT examination will be given two additional attempts to successfully pass the examination within one year of the training class completion. Prior to the third attempt to pass the NREMT examination, personnel must successfully complete an EMT-Basic refresher course. Administrative action will be initiated IAW AFMAN 36-2108, Airman Classification, for all personnel who fail the third and final attempt to pass the NREMT-B examination.

1.3. Training deadlines.

1.3.1. All active duty Medical Service Apprentices, Medical Service Journeymen, Medical Service Craftsmen, and (when required by the duty position) Medical Service Superintendents will be certified as an NREMT-B (minimum) no later than 1 April 1998.

1.3.2. All Air Force Reserve and Air National Guard Medical Service Apprentices, Medical Service Journeymen, Medical Service Craftsmen, and (when required by the duty position) Medical Service Superintendents will be certified as an NREMT-B (minimum) no later than 1 October 2002.

2. Re-registration.

2.1. Description of program.

2.1.1. This program follows National Registry of Emergency Medical Technicians (NREMT) guidelines for re-registration.

2.1.2. The program consists of a 24 hour EMT refresher course, 48 hours of continuing education (CE), and current CPR certification. See attachment 1 for a recommended EMT refresher training schedule.

2.1.3. Completing this program meets all requirements for re-registration of all NREMT-Basic personnel. 4N0X1s who are EMT-Intermediate or EMT-Paramedic will follow the NREMT re-registration guidelines to ensure their registration does not lapse.

2.2. EMT CE. The following guidance is provided for determining topics for EMT CE:

2.2.1. Any subject covered in the EMT-Basic National Standard Curriculum.

2.2.2. Other suggested topics:

2.2.2.1. Crime scene response.

2.2.2.2. Athletic injuries.

2.2.2.3. Hazardous Materials.

2.2.2.4. Crisis intervention.

2.2.3. Some modules of the Qualification Training Packages (QTPs) are also good for EMT CE. Completing the following 4N0X1 QTPs annually will equal 48 hours of EMT CE:

2.2.3.1. Volume 1, Module 2 - Orthostatic Vital Signs (1 hour).

2.2.3.2. Volume 1, Module 3 - Set-up Cardiac Monitor/Defibrillator (1 hour).

2.2.3.3. Volume 1, Module 4 - Perform 12 lead EKG (1 hour).

2.2.3.4. Volume 1, Module 5 - Identify Life-threatening Arrhythmias (2 hours).

2.2.3.5. Volume 1, Module 6 - Perform/Monitor Pulse Oximetry Oxygen Saturation (1 hour).

2.2.3.6. Volume 1, Module 7 - Collect and label blood from venipuncture (1 hour)

2.2.3.7. Volume 1, Module 10 - Use blood glucose meter (1 hour)

2.2.3.8. Volume 1, Module 11 - Medication Administration (3 hours).

2.2.3.9. Volume 1, Module 12 - Intravenous infusion (2 hours).

2.2.3.10. Volume 3, Module 1 - Hazardous Materials (3 hours).

2.2.3.11. Volume 3, Module 2 - Field Triage (3 hours).

2.2.3.12. Volume 3, Module 3 - Set-up Equipment for Cardioversion/Defibrillation/Pacemaker (1 hour).

2.2.3.13. Volume 3, Module 4 - Operate Auto/Semi-automated External Defibrillator (A/SAED) (2 hours).

NOTE: Personnel assigned to emergency services, acute care clinics, back-up/on-call ambulance crews, or nursing units utilizing AEDs on crash carts must accomplish AED qualification training every 90 days. All other medical service personnel must accomplish AED qualification training annually. Documentation must be maintained for the past 12 months at all times.

2.2.3.14. Volume 3, Module 5 - Irrigate Eyes (1 hour).

2.2.3.15. Volume 3, Module 7 - Emergency Medication Administration (3 hours).

2.2.4. Any topic not listed above or within the EMT-B national standard curriculum must be approved by the USAF EMT Program Manager **PRIOR** to the offering date.

2.2.5. Successful completion of a select group of sections/division as outlined in the EMT-Intermediate and EMT-Paramedic National Standard curriculum. Those groups are:

2.2.5.1. Sections 1-8 of EMT-Intermediate curriculum.

2.2.5.2. Divisions 1-6 of the EMT-Paramedic curriculum.

2.2.6. Successful completion of National Standard courses listed below with specified number of hours may be applied:

2.2.6.1. Pre-Hospital Trauma Life Support (PHTLS) (16 hours).

2.2.6.2. Basic Trauma Life Support (BTLS) (16 hours).

2.2.6.3. Auto extrication (16 hours).

2.2.6.4. Emergency Driving (12 hours).

2.2.6.5. Dispatcher training (12 hours).

2.2.7. Department of Defense courses approved for EMT CE. Certain DoD courses are approved for EMT CE. A current list can be obtained from the USAF EMT internet link on the schoolhouse web page at <http://usafsg.satx.disa.mil/~school>.

2.3. Responsibilities.

2.3.1. USAF EMT Program Manager:

2.3.1.1. Approves continuing education not listed as pre-approved above.

2.3.1.2. Notifies NREMT and EMT training sites of CE approval.

2.3.1.3. Provides guidance to NREMT and Course Coordinators on EMT CE within Air Force Medical Service arena.

2.3.1.4. Investigates possible breeches of program integrity.

2.3.2. Medical Director: Responsible for overall management, maintenance, and integrity of local program.

2.3.3. EMT Course Coordinator:

2.3.3.1. Acts as liaison between students, medical treatment facility (MTF) executive staff, local medical community, and USAF EMT Program Manager.

2.3.3.2. Coordinates and/or conducts didactic and skills training for all assigned NREMT personnel.

2.3.3.3. Ensures all documentation on NREMT re-registration forms is complete and accurate before signing the training director line.

2.3.4. Supervisor:

2.3.4.1. Ensures each member has resources required for training and testing.

2.3.4.2. Reviews and ensures accuracy of documentation before re-registration form is submitted to EMT Course Coordinator for validation.

2.3.4.3. Works with EMT Course Coordinator and individual EMTs ensuring no lapse in registration.

2.3.4.4. Refers individuals to EMT Course Coordinator for remedial training when required.

2.3.4.5. Acts as liaison between EMT and EMT Course Coordinator.

2.3.5. EMT:

2.3.5.1. The EMT is ultimately responsible for successful completion of all training and testing requirements.

2.3.5.2. Completes all requirements for re-registration by NREMT ensuring no lapses in registration occur.

2.3.5.3. Works with supervisor and EMT Course Coordinator to ensure access to required training.

2.3.5.4. Ensures all tasks are properly documented in OJT record and on NREMT re-registration form. If using only 4N0X1 QTPs for EMT CE, document training on AF Form 1098, Special Task Certification and Recurring Training.

2.3.5.5. Requests remedial training when needed.

2.3.5.6. Ensures required funding and documents are forwarded with NREMT re-registration package.

2.3.5.7. Maintains integrity and success of program.

2.4. Documentation.

2.4.1. Re-registration documentation:

2.4.1.1. NREMT re-registration form will be used to submit continuing education to the NREMT.

2.4.1.2. The USAF EMT Refresher Course Completion Tracking Tool will be used to document EMT refresher training and will substitute for the course completion certificate (see attachment 2). The form will be submitted to NREMT with the NREMT re-registration form.

2.4.1.3. Proof of current BLS certification will also be attached to the re-registration form.

List of attachments:

1. USAF 4N0X1 EMT Refresher Program Schedule.
2. USAF EMT Refresher Course Completion Tracking Tool.

>ATCH. 1: USAF 4N0X1 EMT Refresher Program Schedule

(Each session will be 3 hours in length unless otherwise specified)

<u>Month</u>	<u>Topic</u>
January	Module 6: Obstetrics, Infants, and Children
February	Module 4: Medical/Behavioral (Cardiac Emergencies)
March	Module 5: Trauma (Injuries to Head and Spine and Rapid Extrication)
April	Module 1: Preparatory
May	Module 2: Airway (2 hours)
June	Module 3: Patient Assessment
July	Module 4: Medical/Behavioral (General Pharmacology, Respiratory Distress/Allergic Reaction)
August	Module 4: Medical/Behavioral (Altered Mental status/Diabetes) (2 hours)
September	Module 4: Medical/Behavioral (Behavioral and Poisoning) (2 hours)
October	Module 5: Trauma (Bleeding and Shock) (2 hours)
November	Module 5: Trauma (Chest injuries abdominal injuries, amputations, and burns)
December	Module 5: Trauma (Bone and joint injuries) (2 hours)

Completion of this 12 month program constitutes completion of an EMT Refresher course. There should be skills included during the applicable sessions. A quiz will be successfully passed at the end of each session to show completion.

>ATCH. 2: USAF EMT REFRESHER COURSE COMPLETION TRACKING TOOL

(REVISED AUG 98)

Date	Module Topic	Hours Score	Printed Instructors Name Instructor Signature
	Module 1	3	
	Preparatory		
	Module 2	2	
	Airway		
	Module 3	3	
	Patient Assessment		
	Module 4	3	
	General Pharmacology, Respiratory Emergencies and Allergies		
	Module 4	3	
	Cardiac Emergencies		
	Module 4	2	
	Altered Mental Status/Diabetic Emergencies		
	Module 4	2	
	Behavioral/Poisoning		
	Module 5	3	
	Chest Injuries, Abdominal Injuries, Amputations and Burns		
	Module 5	2	
	Bleeding and Shock		
	Module 5	2	
	Bone and Joint Injuries		
	Module 5	3	
	Injuries to head and spine/Rapid Extrication		
	Module 6	3	
	Obstetrics, Infants, and Children		
Name			Rank
NREMT Number		Expiration Date	

I certify the above person has completed all requirements for the EMT-Refresher course.

EMT Course Coordinator

Date